DOCUMENT RESUME

ED 198 462 CG 015 041

| | |
|---|---|
| AUTHOR | Feibelman, Barbara: Hamrick, Michael |
| TITLE | Family Life Education: A Problem-Solving Curriculum for Adolescents (Ages 15-19). |
| INSTITUTION | Planned Parenthood Center of Memphis, Tenn. |
| SPONS AGENCY | Bureau of Community Health Services (DHEW/PHS): Rockville, Md. Office of Family Planning. |
| REPORT NO | HSA-80-5667 |
| PUB DATE | 80 |
| GRANT | GR0989 |
| NOTE | 193p. |
| AVAILABLE FROM | Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 (only curriculum guide available): Memphis Association for Planned Parenthood, 1407 Union Ave., Memphis, TN 38104, $15.00 (curriculum guide and trigger films available). |
| EDRS PRICE | MF01 Plus Postage. PC Not Available from EDRS. |
| DESCRIPTORS | *Adolescents: Curriculum Guides: *Family Life Education: Health Education: *Interpersonal Relationship: Marriage: Parenthood Education: Parent Student Relationship: *Problem Solving: Secondary Education: Self Concept: Sex Education: *Sexuality: *Skill Development |

ABSTRACT

The rising incidence of teenage sexual activity and the subsequent growth in numbers of teenage parents provide the rationale for this problem-solving curriculum guide on family life education. This model curriculum for adolescents aged 15-19 is designed to promote problem-solving skills, self-confidence, self-awareness, self-control, and knowledge. The curriculum activities, emphasizing individual and/or small group participation, are structured to identify the influences of parents, peers, media, and various socio-educational institutions on the overall development of a healthy sexuality by focusing on: (1) developing a positive self-concept: (2) developing a sexual identity: (3) developing relationships with parents and other adults: (4) developing peer relationships: (5) preparing for marriage and parenthood: and (6) examining health-related issues. Additionally, five trigger films are available to complement the curriculum guide activities. (Author/KMF)

**********
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
**********

HARD COPY NOT AVAILABLE

ED198462

# Family Life Education:

## A Problem-Solving Curriculum for Adolescents (Ages 15-19)

DHHS Publication No. (HSA) 80-5667

CG 015041

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

Barbara Feibelman

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. Department of Health and Human Services
Public Health Service
Health Services Administration
Bureau of Community Health Services
5600 Fishers Lane, Rockville, Maryland 20857

1980

DEC 19 1980

Developed by Planned Parenthood Center of Memphis under Grant No. GRO989 for the U.S. Department of Health and Human Services, Public Health Service, Health Services Administration, Bureau of Community Health Services, Office of Family Planning.



For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

TABLE OF CONTENTS


| | | Page Number |
|---|---|---|
| INTRODUCTION | | |
| I. | Curriculum Rationale | i |
| II. | General Objectives | ii |
| III. | Curriculum Format | ii |
| USING THE CURRICULUM EFFECTIVELY | | |
| IV. | Characteristics of Effective Group Facilitators | iii |
| V. | Assumptions About Group Dynamics, Learning Theory, and Problem Solving | iii |
| VI. | Promoting Group Effectiveness | iv |
| VII. | Planning Your Course of Study | vii |
| VIII. | Using Trigger Films | viii |
| IX. | Problem Solving Model | ix |
| X. | Applying the Problem Solving Model to the Curriculum | xii |
| XI. | Teaching-Learning Model | xii |
| XII. | Definition of Terms | xv |
| XIII. | Workshop for Parents | xv |
| XIV. | Bibliography for Facilitators and Students | xix |
| XV. | Locating Educational Sources Recommended in this Curriculum | xxi |
| XVI. | Evaluation Instruments | xxiv |

CURRICULUM ACTIVITIES

| | | |
|---|---|---|
| I. | DEVELOPING A POSITIVE CONCEPT OF SEXUALITY | |
| | Getting To Know Group Members | |
| | "Getting To Know You" | 1 |
| | Problem Solving | |
| | "Low Bridge" | 5 |
| | Defining Sex and Sexuality | |
| | "Ideas" | 7 |
| | Identifying Sources of Sex Information | |
| | "Sex Information Sources" | 9 |
| II. | DEVELOPING A SEXUAL IDENTITY | |
| | Physical Development of Teens | |
| | "Mirror on the Wall, Who's the Fairest of them All" | 11 |
| | Anatomy and Physiology of the Female and the Male | |
| | "Meeting the Female and the Male" | 13 |
| | Traditional Male and Female Roles and Traits | |
| | "What's Important" | 17 |
| | Trigger Film: Boy's Don't Do That | 19 |
| | Media Influences on Sex Role Identity | |
| | "The Marlboro Man or Machismo in the Media" | 21 |
| | Influence of Sex Role on Attitudes, Behaviors, Decisions | |
| | "Who, What" | 23 |
| | Feelings About Sexual Identity | |
| | "Name That Role" | 25 |

Page Number

III. DEVELOPING RELATIONSHIPS WITH PARENTS AND OTHER ADULTS
Developmental Tasks of Adults 30-60
"Adult Astrology Chart" . . . . . 27
"Goal Line Strategy" . . . . . 31
Parents as Providers, Protectors and Authority Figures
"The High Cost of Parenting" . . . . . 35
Trigger Film: Adrianne's Man . . . . . 37
"A Blanket for Linus and a Word from Lucy" . . . . 39
"Why Not?" . . . . . 41
Values and Morals Parents Convey to Children
"Jo Ann and Eddie" . . . . . 45
"Once Upon a Time" . . . . . 47
Factors Which Inhibit Discussions About Sex Between Teens and Their Parents
"Kevin" . . . . . 49
Developmental Tasks of Youth
"The Road to Independence" . . . . . 51

IV. DEVELOPING RELATIONSHIPS WITH PEERS
Choosing Friends, Peer Groups
"Social Atom" . . . . . 53
Developing Relationships With Members of the Opposite Sex
"Boy Meets Girl"--or is it "Girl Meets Boy". . . . 55
Dealing With Peer Pressure
"Peer Pressure" . . . . . 57
"Making Decisions" . . . . . 59
Expectations of Dating - Where, With Whom, Under What Conditions, etc.
"Pick A Date" . . . . . 61
Setting Limits in Male and Female Relationships
"Setting Limits" . . . . . 65
Trigger Film: What's To Understand . . . . . 67
Ways Couples Can Show They Care
"Caring" . . . . . 69
Defining Moral Standards
"I Believe" . . . . . 71
Differences in Moral Standards Today and in the Past
"Life in the Good Ole Days" . . . . . 73
Cultural Differences
"My Family, Your Family" . . . . . 75
Defining Sexual Responsibility
"Searching for a Solution" . . . . . 77
Trigger Film: Wayne's Decision . . . . . 77
Consequences of Sexual Behavior
"Growing Up" . . . . . 79

V. PREPARATION FOR MARRIAGE AND PARENTHOOD
Concepts of Marriage
"Bachelors, Spinsters, and Married Folks - Happiness Inventory" . . . . . 81

Page Number

Readiness for Marriage
"Should This Marriage Begin?". . . . . 85
Trigger Film: Friends of Carl . . . . . 89
Desirable Qualities in a Mate
"The Ideal Mate" . . . . . 91
Personal Choices in a Marriage Partner
"Bride of Frankenstein" . . . . . 93
Defining Love
"Love Songs" . . . . . 95
Expectations of Partners
"The Marriage Contract". . . . . 97
Factors to Consider in Planning a Family
"2:00 A.M., Ready or Not". . . . . 99
Obligations and Responsibilities of Parenthood
"The Egg Game" . . . . . 101

VI. HEALTH ISSUES
Community Agencies and Resources
"Seek and You Shall Find". . . . . 103
Venereal Diseases
"What I Know About Venereal Disease" . . . . . 105
Contraception
"Contraception - Choice, Chance and Responsibility". . . . . 109
Contraception - Choosing a Contraceptive Method
"Which One, The Right One" . . . . . 111
Human Genetics
"The Special Child". . . . . 113
Prenatal Care
"Ways I Can Help During Pregnancy" . . . . . 115
"Having Healthy Children". . . . . 117
Childbirth
"The Big Event". . . . . 119

APPENDIX
A. Growth and Development at Puberty . . . . . 121
B. Male and Female Anatomy and Physiology . . . . . 123
C. Researchers Analyze New Theories on Sex Differences . . . 129
D. Developmental Tasks in Ten Categories of Behavior of the Individual During Adolescence . . . . . 133
E. Erickson's Developmental Tasks . . . . . 135
F. Conflicts Between Adolescents and Their Parents . . . . . 137
G. Maslow's Theory of Motivation and Human Needs . . . . . 139
H. The Teenage Sexual Revolution and The Myth of the Abstinent Past . . . . . 141
I. Bibliography: Family Life in Various Cultures . . . . . 143
J. Teenage Pregnancy: A Major Problem for Minors . . . . . 145
K. Couples Study Seeking Secrets of Partnerships . . . . . 151
L. Defining Love for Adolescents . . . . . 153
M. Your Parenting Decision Values . . . . . 159
N. Lecture: Sexually Transmitted Diseases . . . . . 161
O. Lecture: Methods of Family Planning . . . . . 165

Page Number

APPENDIX

P. Heredity Terms . . . . . 171

Q. Fertility Problems: Family Planning Counselor's Guide to Diagnostic Tests for Infertility and Treatment Options . . 173

R. Lecture: Symptoms During Pregnancy . . . . . 175

S. Birth Terms and Lecture: Labor and Delivery . . . . . 179

PROJECT DIRECTORS

Ms. Barbara Feibelman, M.Ed., Education Coordinator
Memphis Planned Parenthood

Michael Hamrick, Ed.D., Associate Professor and
Head Division of Health Science and Safety Education
Memphis State University

PROJECT STAFF

Ms. Dorothy Davis, Director Information and Education Department
Memphis Planned Parenthood

Ms. Dorothy Dooley Mayes, R.N., M.A., Research/Education Coordinator
Memphis Planned Parenthood

Ms. Eva Mayweather, Education Coordinator
Memphis Planned Parenthood

Ms. Shirley Rich, M.Ed., Education and Media Coordinator
Memphis Planned Parenthood

Ms. Tina Tobias, Secretary, Information and Education Department
Memphis Planned Parenthood

PROJECT CONSULTANTS

David Anspaugh, Ed.D., Curriculum Consultant, Associate Professor
Division of Health Science and Safety Education
Memphis State University

Mr. Walter Diggs, Community Liaison
Executive Assistant, Professional Services, City of Memphis Hospital

Burl Gilliland, Ed.D., Training Consultant, Professor
Department of Guidance and Personnel Services
Memphis State University

Mr. Charles Josey, Film Producer and Director
President Viscount Productions, Atlanta, Georgia

Charles Kenny, Ph.D., Research Consultant
Criterion Development Associates

Patricia Murrell, Ed.D., Movie Consultant, Associate Professor
Department of Guidance and Personnel Services
Memphis State University

PROJECT CONSULTANTS continued

Mr. Stirling Scruggs, Director
Memphis Planned Parenthood Association

Dennis Smith, Ed.D., Curriculum Consultant, Associate Professor
Department of Curriculum and Instruction, College of Education
Memphis State University

CURRICULUM REVIEWERS

Ms. Barbara Eisenstadt, Regional Training Coordinator and Private Consultant

Mr. Marty Kelman, Project Director, NCCJ-ESAA

Ms. Carolyn McDougal, Consultant, Health and Physical Education
Memphis City Schools

Ms. Barbara Williams, Curriculum Consultant, Board of Education
Memphis City Schools

| PILOT FACILITATORS | PILOT SETTING |
|---|---|
| Ms. Judy Clark | St. John's Episcopal Church |
| Ms. Donna Curcio | Frayser Millington Educational Center |
| Mr. Randy Fesmire | Frayser Millington Educational Center |
| Mr. Marshall Maple | Porter Leath Children's Home |
| Mr. John Powell | St. John's Episcopal Church |
| Ms. Pat Powell | St. John's Episcopal Church |
| Mr. Herb Watson | Goodwill Homes<br>Operation Action |

COMMUNITY TASK FORCE MEMBERS

Mr. James Blackburn, Chairman
Memphis Board of Education

Ms. Wayne Boyd, Director
Op-Act

Ms. Debbie Bulger
Women's Hospital

Ms. Frances Coe
Memphis Board of Education

Rabbi Harry Danziger
Temple Isreal

Mr. Bryan Hale
Family Services of Memphis

Dr. Claire Henry, Director
Reading Center

Ms. Pat Howard, Executive Director
Girl's Club

Ms. Julia Howell, Director
Rape Crisis Center

Mr. Robert James
Memphis City Council

Commissioner Minerva Johnican
Shelby County Board of Commission

Ms. Loretta Kateo
Family Services of Memphis

Mr. Marty Kelman
NCCJ

Ms. Emma Lincoln
Graduate Student

Mr. Jeff Sanford
Memphis City Council

Ms. Barbara Sonnenburg
Memphis Board of Education

Mr. Don Strauss, Director
Runaway House

The Reverend Noble Walker
St. John's Episcopal Church

Ms. Linda Wheeler
Women's Hospital

# INTRODUCTION

## I. CURRICULUM RATIONALE

"How do you teach someone to behave in a responsible manner?" Answering this question has been the task which has challenged the staff for Family Life Education: A Problem-Solving Curriculum for Adolescents.

The increased incidence of teenage sexual activity resulting in growing numbers of teenage parents motivated the development of this problem-solving program. The physical, emotional and social consequences of premature parenthood generate problems of tragic proportions for this country.

At present there are 21 million teenagers in the U.S. between the ages of 15 and 19. Of these,11 million--over 50%--are estimated to have had sexual intercourse at least once. One million of these teenagers become pregnant each year. It is estimated that two out of every three of these one million teenage pregnancies are unintended.

The problem is compounded when considering the greater risk of medical complications for teenage pregnancies. The maternal death rate from pregnancy and its complications is 60% higher for females under 15 and 13% higher for females 15-19 than for mothers in their early twenties. Other hazards include toxemia, nonfatal anemia, and nutritional deficiencies that may lead to other diseases.

The social effects of teenage pregnancy are many. Pregnancy is the most common reason why female students drop out of school. One half of all teenage marriages end in divorce. Teenage mothers can anticipate a lifetime earning capability only two thirds that of the level attained by women who bear their children in their twenties.

In addition to teenage pregnancy, there are many other social and health problems which young people need to give thoughtful attention. Certainly, changes in both social roles of men and women and courtship mores, increases in divorce rates, and an epidemic of venereal disease are but a few of the issues which a family life education program should address.

Unfortunately, effective family life education programs are not available to many teenagers. Even where such education does exist, the focus is usually limited to reproductive physiology. Very few programs are comprehensive with emphasis placed on the development of responsible relationships and decision-making skills. Few are designed to relate to the personal life and concerns of teenagers.

FAMILY LIFE EDUCATION is a model curriculum for adolescents aged 15-19. It was developed out of a philosophy which maintains that problem-solving skills, self-confidence, self-awareness, and self-control coupled with accurate information are basic tools youth need to make responsible decisions and develop good relationships with others. FAMILY LIFE EDUCATION, therefore, is a curriculum in which activities are provided to give adolescents opportunities to learn and practice techniques for effective problem solving; to explore and clarify attitudes and to acquire accurate and relevant information. Materials for the curriculum were prepared within the framework of acceptable community standards.

The curriculum consists of a variety of activities and films, most of which emphasize individual and/or small group participation and problem-solving techniques. Activities and films are designed to reveal the influence of parents, peers, media, and various institutions on the overall development of a healthy sexuality.

Training is needed to effectively utilize this curriculum. Without proper insight into the potential benefits and pitfalls of the problem-solving approach, the sex educator is not adequately prepared to effectively and safely utilize this curriculum. For those who are unable to receive training locally, Planned Parenthood of Memphis can be contacted for technical assistance.

## II. GENERAL OBJECTIVES

The curriculum is designed to:

A. Promote awareness of community, family, and cultural attitudes related to sex life styles and beliefs
B. Encourage the development of responsibility toward sex
C. Provide a "safe/trust environment" for open discussion concerning sex
D. Develop decision-making skills
E. Provide practical application of decision-making and problem-solving techniques
F. Develop a positive attitude concerning one's own sexuality
G. Develop a sensitivity to the feelings and problems of others
H. Provide access to cognitive information concerning sex and sexuality

## III. CURRICULUM FORMAT

A. Content Area. The unit title is located in the left margin of the curriculum. It is followed by the specific content area for which processing opportunities are designed. Specific content areas are the major concepts of the curriculum. Space is provided for planning notes in the content area column.
B. Motivating Questions. Motivating questions are stated for each activity. They are designed to introduce the concept, topic or issue and to prepare the participants for the activity. They set the stage for the processing opportunity and facilitate the transition from one session to another. Motivating questions are most effective if written on a poster or blackboard and discussed for several minutes.
C. Objectives. Performance objectives are stated for each activity. They provide direction for the facilitator and specify the type of learning expected of the participant if the activity is successful.
D. Processing Opportunity. Processing opportunities are learning activities designed for the participants. They are the heart of the curriculum and are vehicles for learning new information. The vehicles may involve students in problem solving, in thinking about issues and in examining situations, and considering alternatives or solutions. Diverse in nature, the processing opportunities emphasize sharing and interacting in small groups. With very few exceptions they require a facilitating approach to teaching and learning. A suggested time frame for processing the activities is located to the right of the title of the processing opportunity.

E. Questions for Discussion. Following each processing opportunity is a list of questions. They are designed to encourage participants to think about the primary issues related to the activity. They also can be used to trigger discussion on secondary issues. The wise selection and use of questions helps to ensure appropriate follow up to the activities and provides important feedback concerning the success of the activity to accomplish the objectives.

F. Equipment/Materials/Resources. The equipment, materials and resources required for each processing opportunity are identified below the questions for discussion. In some cases the material can be found in the curriculum; in other cases reference is made to the source.

## USING THE CURRICULUM EFFECTIVELY

## IV. CHARACTERISTICS OF EFFECTIVE GROUP FACILITATORS

The success of FAMILY LIFE EDUCATION is dependent on the ability and skill of leaders to facilitate group learning. Although a wide variety of persons can and should serve as facilitators, the selection criteria must rest mainly with the individual's personal characteristics and prior experiences. An effective facilitator could be, but does not have to be, a counselor, teacher, college graduate, professional person, parent, etc. The primary concern in selecting facilitators is his or her ability to effectively function in leading a group.

Listed below are important qualifications which effective facilitators should possess.

A. Competency and experience in leading groups
B. Qualities of genuineness, empathy, respect for others, and trust
C. Positive self-concept
D. Appreciation of diversity in others
E. Effective communication, using reading, writing and speaking skills
F. Flexibility to change and accept change
G. Commitment to the training program's goals and methods
H. Willingness to experience the training program before serving as a facilitator
I. Dependability--consistently performs assigned tasks on time
J. Team work--functions in harmony with other staff members in a way which strengthens cohesiveness and morale of the training staff
K. Emotional maturity and stability
L. Awareness of environmental factors such as room size, temperature, lighting and arrangement of furniture and equipment

The selection of a facilitator should ideally involve a written application, written references, and a personal interview. The success of the program depends on the ability of the facilitators to use and process the curriculum content effectively with students. The selection and training of facilitators are essential components of this program.

## V. ASSUMPTIONS ABOUT GROUP DYNAMICS, LEARNING THEORY, AND PROBLEM SOLVING

As a curriculum designed to improve problem-solving skills primarily by way of the group process, FAMILY LIFE EDUCATION makes several basic

assumptions about learning. It is important that they be understood before utilizing the curriculum.

A. The principles of group process help promote optimal learning in problem-solving education.
B. Vicarious learning is an important aspect of group dynamics
C. Learning is facilitated through progressing from simple to more complex learning concepts
D. Learning is a process that involves a person's emotional state. It is important that learning occur in an environment that supports or fosters trust.
E. Organisms develop to their fullest potential in an environment of positive experience
F. The facilitator understands that lectures should be held to a minimum and that no session should be conducted entirely in the lecture mode
G. The facilitator is concerned with all learning modes of the participants: cognitive (thinking), affective (feelings), and psychomotor (doing).
H. Individual learning is enhanced through participation in independent learning, dyad (pairs) learning, small group learning and large group (whole class) learning
I. Students have been and are continually being exposed to presentations of many viewpoints, lifestyles and values
J. Participants have a need to identify and clarify their views concerning family life issues
K. When a facilitator presents an open ended question or exercise to stimulate thought and discussion, the facilitator needs to be aware that many alternatives may be explored
L. The facilitator has experienced the group process and has a positive attitude toward group dynamics as a learning strategy
M. The facilitator is able to admit that he or she doesn't know an answer
N. The curriculum content and the processing of the curriculum are equally important (they complement each other)

## VI. PROMOTING GROUP EFFECTIVENESS

A. Heterogeneous grouping. Many small group teams or task groups function better if they are heterogeneous. Task groups should be formed so that cliques and other prior existing relationships do not detract from the group's goal attainment. The importance of heterogeneous grouping cannot be stressed too much!

To divide members into smaller heterogeneous groups, the facilitator can utilize several methods. The students can "count-off" according to the number of groups desired, with the 1's being Group I, and the 2's Group II, etc. Each group must have as varied a distribution as possible. If the class meets daily, small grouping division methods can be developed. Name tags, colored paper, letters of alphabet, color of apparel, and zodiac signs can be used to form groups. An excellent warm-up activity is to select a sub-group of students to devise new ways of regrouping each time. Students can draw numbers or pictures out of a hat. Pictures of cars, flowers, fruits, birds, people, furniture, etc. serve as excellent vehicles for convening groups. The important aspect is to direct the group clearly and choose a simple-to-explain grouping plan.

B. Homogeneous grouping. Persons of similar interests and backgrounds can often identify their problems and concerns better than others. There are many problem-solving situations which require the collective skill and knowledge of a homogeneous group.

Whenever homogeneity is desired, the facilitator employs strategies such as: grouping by interest in subject, age and/or grade categories, peer selection, sex, etc.

C. Arranging the room. Group interaction is affected by the total environment of the meeting room, i.e., size, shape, temperature, lighting and placement of seats and equipment. Most classrooms are designed for impersonal lecturing. Rooms need to be arranged to promote communication. Sometimes an aisle can be created down the center of the room with chairs facing the center or the room may be arranged in a "V" shaped design. As many persons as possible should face each other. The ideal arrangement is to have the chairs in a complete continuous circle without desks or other obstructions so that each can see and hear every person talking. The facilitator should not stand, but sit as a group member in the circle. The facilitator should sit in a different place each session. This will aid the group to concentrate on the process rather than on the facilitator as the instructor.

D. Clear directions. Facilitators should be clear, thorough, and explicit in their directions. The group's goals, tasks, procedures, and time frame should not be left in question. An example of a facilitator's charge to a group might be:

> I want group 1 to meet in this corner, group 2 to meet next to the wall by the map, group 3 to meet over here by the radiator, and group 4 to meet next to the black board. When you get into your group, meet in the smallest circle that will accommodate the group and get close enough together so that voices of the other groups will not hinder your conversation.
>
> Group number 1, 2, and 3 - as soon as you break into the small groups, make sure you know the names of each person in your group. Get close enough together so you can hear and see each other's face and minimize noise of other groups. The second task is to list the alternatives for Wayne that your group believes would be helpful for him. On the butcher paper provided, list the suggestions and select someone in the group to report. You have 10 minutes for discussion. To promote group effectiveness, I hope each person will participate.

After the assigned time has elapsed, the facilitator will tell the total group that each small group has about 1 1/2 minutes to share what alternatives the group listed. Also, mention the order each group will be called upon, so that this minor matter will not take precedence over important matters at the time of reporting or during the group meeting.

E. Dimensions of group interaction.

1. Cohesiveness. Cohesiveness is the most important dynamic in the group process. Cohesiveness can be enhanced through appropriate facilitator behavior, which encourages the group's cooperative

attainment of its goal, task, or purpose. Clear, realistic goals elicit more cohesiveness than do ones which are vague or unattainable by the group members.

Every group needs a set of ground rules that individual members agree on and then follow. The facilitator is responsible for insuring that the ground rules are understood. Group members share the responsibility for understanding and implementing these rules. (Confidentially is generally one of the more prominent rules.)

It is important that group members know that each person is valued by the group. The effective facilitator assumes responsibility for being concerned about individual and group feelings. This attention to each person's feelings should be understood by the group so that the group can value its cohesiveness. Both verbal contributions and attentive listening skills are needed, and therefore should be encouraged and modeled by the facilitator.

The facilitator needs to recognize and respect each member's differences, i.e., background and behaviors. It is essential that leadership behaviors and qualities be developed and promoted within the group.

2. Modes of learning. Small groups function in the cognitive, affective, and psychomotor domains. It is important that the groups experience all three modes of learning. This involves thinking, feeling, and doing.
3. Techniques of team building and team management. Specific techniques or strategies will help the facilitator in the formation and management of small groups or sub-group interaction. An example of small group interaction is the dialogue following the motivating questions concerning a trigger film, i.e., "Wayne's Decision". Initial discussion should include everyone in the room to give a wider range of viewpoints, ideas, and interpretations. The facilitator should terminate the large group discussion preferable at its peak. There are reasons for this strategy.
   a. Although it may seem rude to cut off discussion and questions while interest is high, it is an ideal time to draw upon the resources of the small group. There can be great productivity when small groups are organized to give more people the opportunity to contribute, to be heard, to interact and to respond.
   b. At the height of discussion following a trigger film the facilitator can stop and say:

      Oh, I see you are really interested in this subject. It is a real problem. Since there are a wide variety of ideas about this situation, it is a good time to list alternatives Wayne may pursue.

      The group's task and instructions must be clear and specific. An example might be:

      Facilitator: Think of a problem you have had, and are willing to share.
      Pause: I am giving each of you a 3x5 card. Please

jot down on the card as briefly as you can an "unsolvable problem" you have had. Take just a couple of minutes to do this. (The facilitator observes the group - when most are finished, continues.)

Facilitator: I want you to get together in pairs. Quietly choose your partner. Each partner is to share the problem you have written. (Give the group a couple of minutes to share.)

Facilitator: Next, each person think of one alternative for helping your partner solve the problem. Now share the alternative with each other. Pause: (Allow a couple of minutes for sharing.)

Facilitator: O.K. Let's have a couple of volunteers share with the rest of us what you have done. (Once sharing has begun allow a couple of minutes for each person to tell the problem and the suggested alternative.)

Facilitator: Thank you for your cooperation. That was a good example of the first steps in problem solving. I'm glad each of you did it. Now we are ready to focus on today's topic: How Do You Solve A Problem?

Each session should be started with a very brief warm-up activity. This activity cannot be lengthy because a 40 minute class period may dictate a 5 to 10 minute maximum for an introductory exercise. These activities should be designed to prepare the group to deal with objectives for the session. Most often the facilitator may want to use the "motivating question" for that day's activity as the warm-up.

4. Variety. Variety in activities and exercises is essential to team building. Variety is the spice of group life - the very essence of life. Without variety, activities become commonplace, boring and redundant thereby decreasing motivation of the group members and facilitator. The best facilitators are leaders who devise, fabricate, create and improvise their own activities which involve thinking, doing and feeling. Such activities usually include some kind of objects, varied explicit goals and open-ended questions. Sessions should not be carbon copies of each other. When group members come to expect something new, challenging, refreshing and different, absenteeism does not become a problem, and boredom will not begin.

## VII. PLANNING YOUR COURSE OF STUDY

To meet most of the objectives of the curriculum it is suggested that you allow thirty group sessions. This will provide enough time to cover all six units and use the accompanying trigger film series. There are enough activities to extend the course of study to several months if the entire curriculum and evaluation packet are implemented. The curriculum is flexible so that it is possible to introduce problem-solving techniques and cover a few sexuality concepts in several class sessions. We believe that the curriculum will be useful regardless of the time constraints in your particular situation. To plan your course of study it is suggested that you:

A. Decide on the number of days for your program
B. Select lessons from each unit to be included for that time selection
C. Make necessary preparations to carry out lessons
D. Duplicate handouts such as checklists, inventories, pre- and post-tests and any other visual materials
E. Order films, pamphlets, and brochures

## VIII. USING TRIGGER FILMS

FAMILY LIFE EDUCATION includes a trigger film series consisting of five films. They are: Boys Don't Do That, Adrianne's Man, What's To Understand, Wayne's Decision, and Friends of Carl. The curriculum contains activities for each film. The trigger film series is an integral part of the program.

A. What is a trigger film? Trigger films are very short (3-6 minutes) 16 mm films which briefly sketch a problem situation. These films help capture student interest as they bring to life genuine adolescent concerns.

B. Why use a trigger film? Trigger films are time conservers. In a few minutes the students become involved in a situation which is both true to life and meaningful. The film is able to bridge the gap between the classroom and the real world, thereby encouraging participants to be more receptive to cognitive material.

Trigger films are cost efficient. Often a budget is sufficient to purchase only one 30 minute 16 mm movie which fully develops a particular subject. The trigger films will introduce five different topics which are all vital to the family life curriculum.

A short film which ends without a solution can "break the ice" for discussion. Since everyone may want to offer a solution, full group participation is encouraged. The process of searching for a solution provides an opportunity for many alternatives and facts to be considered.

C. Trigger films and group discussions. There are a variety of leadership styles, and each person puts his/her unique stamp on any particular style. For discussion following a trigger film, the leader operating as a facilitator would be particularly appropriate. It is the task of each facilitator to encourage participants to explore each situation. Exploration includes the freedom to express many points of view. The atmosphere of the discussions is one of acceptance.

The freedom of expression is balanced and checked by an emphasis upon intellectual honesty. Each group member, including the facilitator, may question and request a source for information which is shared with the group. A debate of attitudes is appropriate, but the assumption remains that although there may be different attitudes no one point of view takes priority. For a more complete explanation of the role of the facilitator, please refer to the characteristics of an effective group facilitator (page iii).

The variety of films available in FAMILY LIFE EDUCATION provides the group leader with materials which generate discussions of pressing dilemmas often experienced during the teen years. The topics have been suggested by teens themselves and have been developed by educators with years of experience in the field of family life education. When young people are encouraged to investigate attitudes, are provided with accurate information, and are instructed in appropriate methods of problem solving, a more rational and responsible attitude toward family living and sexual responsibility is made possible.

## IX. PROBLEM-SOLVING MODEL

FAMILY LIFE EDUCATION offers a model design which explains the problem-solving process. Figure 1 presents the model design. References are made to the model design throughout the curriculum.

The model encompasses all the experiences of a specific individual at a given point in time. One's realm of experiences encompasses schooling, family, community, media, and the total of one's past experiences.

Phase I

Problem: A problem is a state of genuine puzzlement, which usually is perplexing to the individual. Confusion, doubtfulness, uncertainty and indecision are characteristics which surround problematic areas. A problem can be stated in the form of an authentic question.

Process Question:
What is the problem?

Phase II

Analysis of Problem: An analysis of the problem provides direction for possible solutions.

Process Questions:
What is causing the problem?
What is the scope of the problem?
(In terms of perceptions, actions, abilities, etc.,)
Why is it a problem? (personal, family, peers, etc.)

Phase III

Hypothesis: A hypothesis is what seems to be the best explanation or solution to the problem at the time.

Process Questions:
What do you think is the best answer to your question?
What do you think is the solution to your problem?

Phase IV

Formulate Alternatives: Alternatives are possible solutions to the problem. Alternatives guide the inquiry for processsing information.

Process Questions:
What are the other possible solutions to the problem?

Phase V

Process Information: Information is necessary to evaluate the various alternatives to the problem. Information which includes facts, values, and attitudes is collected, organized and verified concerning the respective alternatives. The information should be sufficient to consider the consequences and promote responsible decision-making.

Process Questions:
What information (facts or values) is pertinent to the problem?
How did I get this information?
Where can I obtain more information?
What are the possible consequences of the alternatives?

Phase VI

Choose Alternative: An alternative is selected. This is the best solution at this time in light of the information given. An alternative should be supported by factual and attitudinal information.

Process Questions:

Why did you choose this alternative?

What are the facts or attitudes which are pertinent to the alternative?

Phase VII

Alternative Trial: The ultimate aim of the problem-solving model is to stimulate responsible decision-making. At this stage in the model the alternative or solution to the problem is tried out intellectually.

Process Questions:

How did the alternative work for you?

Was your information correct? Helpful?

Phase VIII

New Information: After implementing or trying out an alternative solution to the problem, the experience/situation generates new information which may affect the overall problem-solving model. In light of new information, the anaylsis of the problem and formulation of alternatives may need further consideration.

Process Questions:

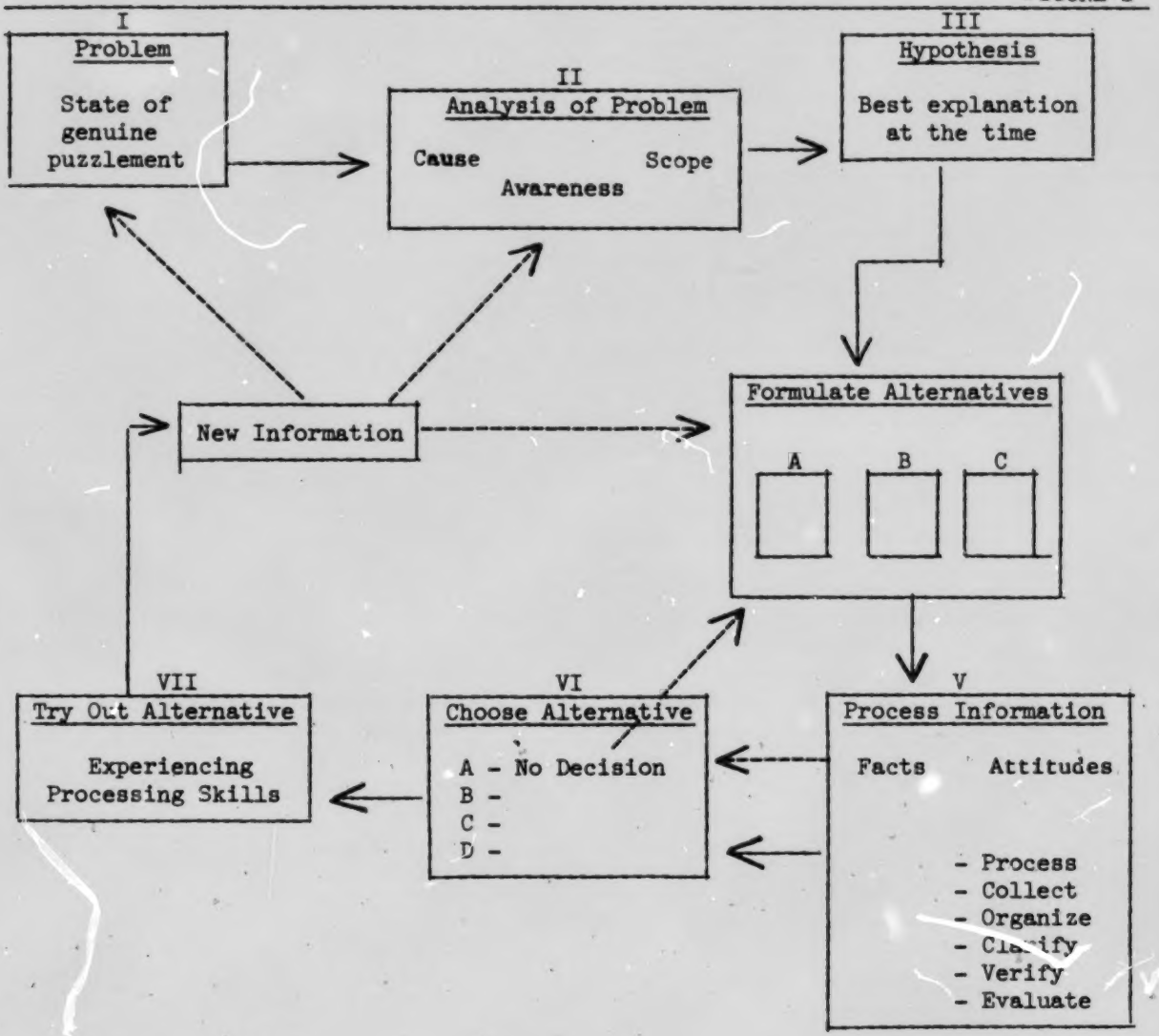
Is there still a problem? Why or why not?

Do you have information that changes the problem?

PROBLEM SOLVING CYCLE*

Realm of Experiences
(Real, Simulated; Intellectual, Emotional)

FIGURE I




——— Direction
----- Detour

* Model developed by Drs. Dennie L. Smith and David J. Anspaugh. Dr. Smith is the primary project coordinator for the model.

## X. APPLYING THE PROBLEM-SOLVING MODEL TO THE CURRICULUM

The curriculum is designed to reinforce problem-solving techniques. The problem-solving model relates to the curriculum in the following manner:

Phases I and II: Motivating questions and objectives. Participants identify the problem, and anaylze the problem.

Phases III, IV, and V: Processing opportunity. Participants explore the problem, develop hypothesis, formulate alternatives and gather information.

As the facilitator guides the group through the curriculum, attention should be given to relating each activity to the problem-solving model.

## XI. TEACHING-LEARNING MODEL

Many of the activities in FAMILY LIFE EDUCATION utilize open-ended issues as learning opportunities. It is felt that providing students with an opportunity to compare individual perceptions with pervading group perceptions will both crystalize and moderate thinking. The model capitalizes on discussions in small and large groups to enable individuals to make effective decisions. Therefore, the teacher or leader acts more as a facilitator than information-giver. The facilitator's role is characterized by asking questions and supporting group process as the various phases of the model are utilized to explore a particular issue or problem. Figure 2 presents a diagram of the Teaching-Learning Model.

A. Orientation Phase. The Orientation Phase is a brief warm-up period during which time a problem is defined. This phase helps to establish a mindset and to focus the inquiry. For example, a teacher may ask a motivating question as suggested in the curriculum.

B. Presentation of Open-Ended Situation Phase. The open-ended situation is a story, film, or dilemma which requires a person to choose a course of action, make a decision, take a stand, or present a point of view. The teacher or leader encourages all responses and maintains a neutral frame of mind during the presentation of the open-ended situation.

C. Individual Response Phase. A critical aspect of the decision-making process is for students to respond individually to the open-ended situation.

D. Information Processing Phase. During the Information Processing Phase, students are encouraged to analyze their responses to the open-ended situation. The analysis should reveal alternatives or possible courses of action to the open-ended situation. Information being processed consists of knowledge about facts or opinions related to the open-ended situation. Attitudes may develop through experiences and/or interactions with family, friends, the arts, religion, school, and government. An exploration as to how the attitudes originated can help students define more effectively their own particular points of view. The teacher or leader assists students in analyzing their attitudes by asking questions which help develop the ability to be consistent and rational. Students are encouraged to use resource books, periodicals, and films to collect and verify information. Parents, medical personnel, religious leaders, and other professionals may help suggest relevant source material.

Throughout this phase, students collect information, look at alternatives, and consider the consequences and responsibilities of choosing a particular action or point of view. The teacher helps the students to become competent problem-solvers by focusing questions on these various aspects.

E. Small Group Interaction Phase. Four to six students are grouped to consider the open-ended situation. Students are encouraged to present their point of view along with the information collected about attitudes and facts. During this phase students may reach concensus and/or agreement regarding the so-called best alternative to the open-ended situation. Also, students are encouraged to support their positions with rational and logical reasons.

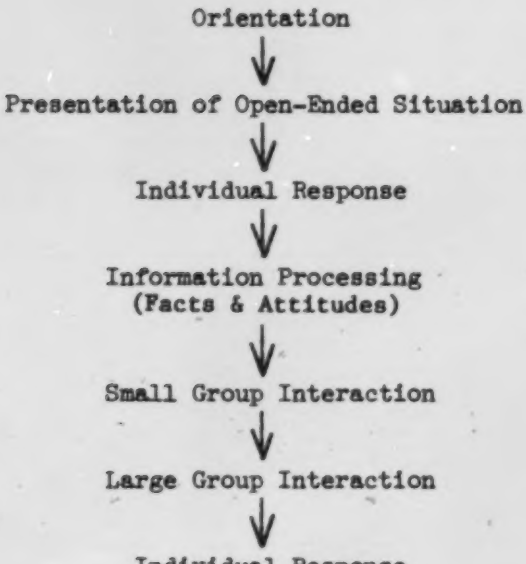
The teacher points out that the purpose of the small group is not to convince others that one is right--but to search for the best possible alternative to the open-ended situation. Students select a leader to present their ideas to the large group.

F. Large Group Interaction Phase. The Large Group Interaction Phase enables students to hear various points of view and supporting reasons as the small group leaders are given an opportunity to present the results of their discussions concerning the open-ended situation. After all groups have reported, a question and answer session helps to correct any misinformation and clarify vague ideas. The teacher can support rational reasons and logical thinking.

G. Individual Response Phase. Participants are again asked to consider the open-ended situation in light of the information processing and group work. Each student is encouraged to note any change which may have occurred in his/her point of view.

FIGURE 2

TEACHING-LEARNING MODEL



## XII. DEFINITION OF TERMS

For purposes of this manual, the following terms are defined as shown:

A. Affective. Feeling. The emotional processes which occur within an individual.

B. Cognitive. Thinking. The mental processes which occur within an individual.

C. Cohesiveness. The invisible "glue" that holds group members together for a specified purpose or goal.

D. Content. Information the group is expected to learn.

E. Dyad. A pair. Working, studying, planning together in a pair for a specified purpose and time.

F. Facilitator. A person who manages the training experiences of a specific group; also, the designated group leader who serves as a catalyst to motivate group members to attain, create, produce, or generate ideas or answers from within themselves rather than relying on the leader to tell them what to do or to produce.

G. Group Processing. Two or more people mentally examining a problem, situation or issue to evaluate such fundamental elements as cause and effect; alternatives or solutions; and verbally sharing thoughts and ideas related to the problem, situation or issue.

H. Heterogeneous Groups. A collection of individuals whose differences are more pronounced than similarities for the purpose of exchanging ideas.

I. Homogeneous Groups. A collection of individuals who are more alike than different for the purpose of attaining the same or similiar goals.

J. Impact. Sudden change in a person's thinking or behaving based on some new experience or new learning.

K. Modeling. The process of behaving, performing, demonstrating, or doing an act or task in a group setting rather than telling the group about performing that act or task.

L. Processing. Mentally examining a problem, situation, or issue to evaluate such fundamental elements as cause and effect to determine appropriate alternatives or solutions.

M. Psychomotor. Doing. The physical activity which an individual exhibits.

N. Small Groups, Sub-Groups, Teams, Task Groups, or Process Groups. (These four items are essentially interchangeable.) Subdivisions of the total group or whole group, usually numbering from 2 to 10 persons, who are physically separated from the total group for a specified time and purpose.

O. "Total Group" or "Whole Group". The combined assembly of participants, class or workshop members whose task, instructional goal, or focus of attention is together at a singular time and place.

P. Trigger Film. An audiovisual training aid designed to promote interest, motivation and discussion in a group.

## XIII. WORKSHOP FOR PARENTS

Prior to conducting family life education workshops or classes for adolescents, it is beneficial for both students and leaders to provide an introductory workshop for the participants' parents.

Although many parents could well profit from family life education themselves, experience has shown that many families have such busy schedules that parents can only devote one evening for a family life workshop. For

this reason the introductory session needs to comprise a showcase of the movies and curriculum activities to provide an opportunity for parents to learn the type of program in which their children will be participating. In some instances parents may request that additional sessions be conducted for them.

It is important for parents to be aware of the scope of the curriculum. They also need to know that the subjects to be discussed by their children such as sex role identity, peer pressure, and relationships with parents are all critical concerns of teenagers. A list of the topics and a synopsis of the movies should be provided to give parents an overall picture of the program (see pages xvii and xviii).

Since people most often "learn by doing", parents can better understand the objectives and techniques of the program by participating in some of the activities as planned for adolescents. While many of the curriculum activities work equally as well with adults, others may need slight modification to be of interest to a parent group. The facilitator can choose the number of activities to fit the length of the program being planned. In this manner an orientation program can be completed in one evening or extended into a parent workshop lasting several weeks.

The purpose of each trigger film can be more clearly understood through participation in the activity related to that movie. It is therefore recommended that the orientation session consist of only two or three of the trigger movies followed by discussion or an appropriate activity rather than previewing all five movies without any followup activity.

Parents should understand that the goal of this particular program in FAMILY LIFE EDUCATION is to encourage young people to become responsible decision makers. As parents are guided through the selected activities it should be pointed out to them how the activities may enhance decision-making skills.

OUTLINE FOR PARENTS' ORIENTATION

A. Welcome and become acquainted

B. "Why we are here." Pass out cards to parents and ask the parents to write down what they hope their children will learn from participation in the FAMILY LIFE EDUCATION sessions. Collect the cards and read aloud (no names) to the group. 15 minutes

C. Pass out handout containing the course outline and synopsis of each movie, and review the handouts. Explain the problem-solving model. 15 minutes

D. Choose three of the movies and ask parents to participate in the activity related to the movies selected. 1 hour


| | | Page |
|---|---|---|
| 1. | Boys Don't Do That | 19 |
| 2. | Adrianne's Man | 37 |
| 3. | What's To Understand | 67 |
| 4. | Wayne's Decision | 77 |
| 5. | Friends of Carl | 89 |

FAMILY LIFE EDUCATION

A PROBLEM-SOLVING CURRICULUM

UNIT I -- DEVELOPING A POSITIVE SELF CONCEPT

UNIT II -- DEVELOPING A SEXUAL IDENTITY

UNIT III -- DEVELOPING RELATIONSHIPS WITH PARENTS AND OTHER ADULTS

UNIT IV -- DEVELOPING RELATIONSHIPS WITH PEERS

UNIT V -- PREPARATION FOR MARRIAGE AND PARENTHOOD

UNIT VI -- HEALTH ISSUES

Synopsis: Boy's Don't Do That

Experiences both subtle and not so subtle determine the concepts we have of appropriate sex role behavior. While looking through a family picture album, a teenage boy and girl reveal many examples of sex role stereotyping.

Synopsis: Adrianne's Man

What does an "older man" see in 15-year-old Adrianne? Sam, Adrianne's brother, sees nothing but trouble for Adrianne if she continues to see Jerry. Sam thinks Jerry is a loser, why else wouldn't he be able to make it with women more his own age. Adrianne's Man is a family dilemma with a protective older brother trying to make his sister see that she is going from one boss - her mother - to another boss - Jerry.

Synopsis: What's To Understand

Floyd and Laura are alone in Floyd's family's apartment. They have been seeing each other for awhile, and Floyd believes the time has come for them to become involved in a more intimate relationship. Laura has ambivalent feelings and is trying to stall Floyd for more time. Because Floyd and Laura are unwilling to tell each other how they really feel, they say one thing to each other while their off camera voices say something else. Laura is a young woman who cannot make a decision and then act accordingly. She has a game to play, and Floyd has a conquest to make.

Synopsis: Wayne's Decision

Wayne's girlfriend, Donna, is pregnant, and Wayne has decided he will marry her. Wayne's parents are distraught. They wonder if Wayne's decision to marry Donna is one which reflects strength and responsibility, or if Wayne is going to throw away his future because he is afraid not to marry her.

Synopsis: Friends of Carl

While getting ready for the next class in a gym locker room, four young men discuss their views concerning marriage. Ted, whose mother is divorced and is now dating, has developed negative attitudes about matrimony; Jeff sees marriage as a boring existence; Monty believes that continued happiness in marriage depends on a strong physical relationship; and Raymond is silent on the entire topic. Action begins when Monty asks Ted if he can go to the game that evening, and Ted replies that he cannot because he must babysit for his mother while she goes out on a date.

## XIV. BIBLIOGRAPHY


### Recommended For Facilitators

Ehrlich, Paul. The Population Bomb. New York: Ballantine Books, 1970

Green, Shirley. The Curious History of Contraception. New York: St. Martin's Press, 1972.

Hatcher, Robert A., M.D. Contraceptive Technology. New York: Irvington Publishers, Inc., 1978

Johnson, David W. and Frank P. Johnson. Joining Together: Group Theory and Group Skills. New Jersey: Prentice-Hall, 1975.

McCary, James Leslie. Human Sexuality. 2nd ed. New York: D. Van Nostrand Company, 1973

Miles, Matthew B. Learning To Work In Groups: A Program Guide For Educational Leaders. New York: Teachers College Press, Columbia Univ., 1959-1967.

Whelan, Elizabeth. A Baby? Maybe. New York: The Babb-Merrill Co., Inc., 1975.

### Recommended For Facilitators and Teenagers

Duvall, Evelyn Millis. Parent and Teenager Living and Loving. Nashville, TN: Broadman Press, 1976.

Edens, David. Teen Sense. Anderson Indiana: A Portal Book, Pyramid Publications for Warner Press, Inc., 1974.

Gordon, Sol. Facts About Sex. New York: The John Day Company, 1973.

Gordon, Sol. PARENTING A Guide For Young People. New York: Oxford Book Company, 1975.

Hunt, Morton. The Young Person's Guide To Love. New York: Farrar, Straus, and Giraux, Inc., 1975.

Johnson, Eric. V.D. New York: J.B. Lippincott Company, 1973

Lipke, Jean Coryellel. Conception and Contraception. Minneapolis: Learner Publications Company, 1971.

Lipke, Jean Coryellel. Loving. Minneapolis: Learner Publications Co., 1971.

Pierce, Ruth I. Single and Pregnant. Boston: Beacon Press, 1972.

## XV. LOCATING EDUCATIONAL SOURCES RECOMMENDED IN THIS CURRICULUM

| A. Pamphlets | Sources |
|---|---|
| 1. "Contraception" | U.S. Department of Health, Education, and Welfare<br>Public Health Service<br>Health Services Administration<br>Bureau of Community Health Services<br>Rockville, Md. 20857 |
| 2. "The Hassles of Becoming A Teenage Parent" | U.S. Department of Health, Education, and Welfare<br>Public Health Service<br>Health Services Administration<br>Bureau of Community Health Services<br>Rockville, Md. 20857 |
| 3. "Hi Mom!" | Physicians Art Service, Inc.<br>343-B Serramonte Plaza Office Center<br>Daly City, Ca. 94015 |
| 4. "Modern Methods of Birth Control" | Planned Parenthood Federation of America, Inc.<br>810 Seventh Avenue<br>New York, N.Y. 10019 |
| 5. "Pregnancy, Teenagers and the Law, 1976" | Planned Parenthood Federation of America, Inc.<br>810 Seventh Avenue<br>New York, N.Y. 10019 |
| 6. "Questions and Answers: Optional Parenthood Today" | N.A.O.P.<br>3 N. Liberty Street<br>Baltimore, Md. 21208 |
| 7. "Sickle Cell Anemia" | The National Foundation/<br>March of Dimes<br>Box 2000<br>White Plains, N.Y. 10602 |
| 8. "Tay-Sachs Disease" | The National Foundation/<br>March of Dimes<br>Box 2000<br>White Plains, N.Y. 10602 |
| 9. "Teen Sex? It's Okay to Say No Way" | Planned Parenthood Federation of America, Inc.<br>810 Seventh Avenue<br>New York, N.Y. 10019 |

| Pamphlets | Sources |
|---|---|
| 10. "To Be A Mother To Be A Father" | Planned Parenthood Federation of America, Inc.<br>810 Seventh Avenue<br>New York, N.Y. 10019 |
| 11. "Venereal Disease Hurts You and the Unborn" | The National Foundation/ March of Dimes<br>Box 2000<br>White Plains, N.Y. 10602 |

| B. Audiovisual | Sources |
|---|---|
| 1. Becoming A Parent: The Emotional Impact<br>Filmstrip | Parent's Magazine Films, Inc.<br>52 Vanderbilt Avenue<br>New York, N.Y. 10017 |
| 2. Building A Future<br>Filmstrip | Parent's Magazine Films, Inc.<br>52 Vanderbilt Avenue<br>New York, N.Y. 10017 |
| 3. The Choice is Yours<br>Film. | National Audio Visual Center (NAC)<br>General Services Administration<br>Order Section/BB<br>Washington, D.C. 20409 |
| 4. Dealing With Practical Problems of Parenthood<br>Filmstrip | Parent's Magazine Films, Inc.<br>52 Vanderbilt Avenue<br>New York, N.Y. 10017 |
| 5. Have a Healthy Baby: Pregnancy<br>Have a Healthy Baby: Labor and Delivery. Film. | Churchill Films<br>662 North Robertson Blvd.<br>Los Angeles, Ca 90069 |
| 6. Hope Is Not A Method II<br>Film. | Perennial Education, Inc.<br>1825 Willow Road<br>Northfield, Ill 60093 |
| 7. Human Growth III<br>Film. | Perennial Education, Inc.<br>1825 Willow Road<br>Northfield, Ill 60093 |
| 8. I'm 17 . . . I'm Pregnant and I Don't Know What To Do. Film. | Children's Home Society of California<br>5429 McConnell Avenue<br>Los Angeles, Ca 90066 |
| 9. Inside My Mom<br>Film. | The National Foundation/ March of Dimes<br>Box 2000<br>White Plains, N.Y. 10602 |

| Audiovisual | Sources |
|---|---|
| 10. Kevin<br>Film. | Planned Parenthood of<br>East Central Georgia, Inc.<br>1247 15th Street<br>Augusta, Ga 30901 |
| 11. Methods of Family Planning<br>Film. | Oxford Films<br>1136 N. Las Palmas Avenue<br>Los Angeles, Ca 90038 |
| 12. More Than Love<br>Filmstrip | The National Foundation/<br>March of Dimes<br>Box 2000<br>White Plains, N.Y. 10602 |
| 13. Rights and Opportunities<br>Filmstrip | Parent's Magazine Films, Inc.<br>52 Vanderbilt Avenue<br>New York, N.Y. 10017 |
| 14. Teenage Father<br>Film. | Children's Home Society of<br>California<br>5429 McConnell Avenue<br>Los Angeles, Ca 90066 |
| 15. Understanding Human Reproduction<br>Parts I and II<br>Filmstrip | Guidance Associates - Sound Filmstrips<br>757 Third Avenue<br>New York, N.Y. 10017 |
| 16. V.D. Every 30 Seconds<br>Film. | Alfred Higgins Productions, Inc.<br>9100 Sunset Blvd.<br>Los Angeles, Ca 90069 |
| 17. From Generation To Generation: Genetic Counseling<br>Filmstrip | National Foundation/<br>March of Dimes<br>Box 2000<br>White Plains, N.Y. 10602 |

## XVI. EVALUATION INSTRUMENTS

Six evaluation instruments were developed for the FAMILY LIFE EDUCATION curriculum. Each measures a different component of the program. They are included in the curriculum recognizing that limitations in time will determine the extent to which they may be utilized. Administering any or all of the instruments should provide important information regarding the effectiveness of the program.

The instruments accompanying FAMILY LIFE EDUCATION include:

--Sex Knowledge Inventory
--Sex Attitude Scale
--Problem-Solving Stories
--Activity Feedback Form (for facilitators)
--Activity Feedback Form (for students)
--Program Evaluation Form (for students)

A. Sex Knowledge Inventory

1. Advise students that the test consists of 20 multiple choice questions about reproduction and sexuality. Read each question carefully and mark the best answer.
2. Encourage students to answer each question. If they don't know the answer, it is alright to guess.
3. Avoid explaining or defining any of the terms on the test. Much of the test emphasizes vocabulary and any help from you could bias the results. (An exception to this is when the test is used as a processing opportunity rather than on a pre- and post-test basis.)
4. Allow approximately 20-30 minutes to administer.

B. Sex Attitude Scale

1. Tell students that this is not a knowledge test and there are no right or wrong answers. It is an attitude inventory which expresses opinions about some aspect of sexuality.
2. Students should read each statement and indicate their opinions by circling A, B, C, D, or E.
   A - if there is strong agreement with the opinion stated
   B - if there is agreement with the opinion stated
   C - if there is uncertainty about the opinion stated
   D - if there is disagreement with the opinion stated
   E - if there is strong disagreement with the opinion stated
4. Inform students that their answers will be treated confidentially. No other students will see the answers.
5. Allow 15 minutes to administer.

C. Problem-Solving Stories

1. Introduce this part of the evaluation with the comment that all through life people have to solve problems. Sometimes decisions are made carefully and thoughtfully; other times quickly and casually. The purpose of the problem-solving story is to present a problem for you to think about and solve.
2. Distribute a copy of the story and ask students to read silently with you.
3. Advise students to answer the questions following each story.
4. Allow 15 minutes to administer.
5. There are no right or wrong answers to the problem-solving stories. Responses are evaluated according to the extent to which the major issues are identified and the solutions offered. Instructions for

coding responses and statistically analyzing responses can be obtain by writing the project staff.

D. Activity Feedback Form (For Facilitators)
   1. The purpose of this form is to give facilitators and group leaders a chance to evaluate each activity and to express concerns, criticisms and suggestions. This is an important part of the evaluation process and can serve as the basis for making curriculum revisions for your particular situation.
   2. Encourage evaluators to be specific with suggestions and criticisms.

E. Activity Feedback Form (For Students)
   1. This form gives students an opportunity to evaluate processing opportunities. It can be used for any or all activities as time permits.
   2. Tell students not to put their name on evaluation form.
   3. Allow 5 minutes to administer.

F. Program Evaluation Form (For Students)
   1. This form has students evaluating the program as a whole. It should be administered at the close of the program.
   2. Encourage students to answer honestly. Indicate that their comments will help improve the program.
   3. Tell them not to put their name on the form.
   4. Allow 10 minutes to administer.

## SEX KNOWLEDGE INVENTORY

Directions: This inventory measures what you know about sex. It is for confidential use with you by your group leader. Read each question and mark the best answer. Answer every question. If you don't know, guess.

1. The stage of physical growth during which boys and girls become able to have children is called
   A. ovulation
   B. menstruation
   C. fertilization
   D. puberty

2. The testis is to the male as the ____ is to the female.
   A. uterus
   B. ovary
   C. vagina
   D. cervix

3. Where are reproductive sex cells formed in the man?
   A. prostate
   B. penis
   C. testes
   D. vas deferens

4. Where are reproductive sex cells formed in the woman?
   A. vagina
   B. uterus
   C. fallopian tubes
   D. ovaries

5. The joining of sperm cell and egg cell is called
   A. conception
   B. pregnancy
   C. intercourse
   D. labor

6. When is a woman most likely to become pregnant?
   A. during menstruation
   B. at the end of the menstrual cycle
   C. during the middle of the menstrual cycle
   D. there is no best time

7. Which of the following statements about gonorrhea is true?
   A. If a person is cured of syphilis he cannot get gonorrhea.
   B. Women often do not have any symptoms of gonorrhea.
   C. Men will experience a rash on their bodies when they have gonorrhea.
   D. Fewer people catch gonorrhea than catch syphilis.

8. How many times must a woman have sex relations for pregnancy to be possible?
   A. once
   B. several times
   C. many times
   D. none

9. Where does a fertilized egg cell grow until the baby is ready to be born?
   A. vagina
   B. stomach
   C. ovary
   D. uterus

10. In a normal delivery where does a baby come out of its mother's body?
    A. vagina
    B. stomach
    C. ovary
    D. uterus

11. How does a person usually catch a venereal disease?
    A. dirty bathrooms
    B. kissing
    C. improper diet
    D. intimate sexual relations

12. All of the characteristics which a child will inherit are determined
    A. at birth
    B. when the egg cells mature
    C. at implantation
    D. at conception

13. Which of the following contraceptives is the most effective from the standpoint of preventing pregnancy?
    A. birth control pill
    B. intrauterine device (IUD)
    C. douche
    D. condom

14. Which form of contraception is used by men?
    A. intrauterine device (IUD)
    B. condom
    C. diaphragm
    D. foam

15. What is the sequence of events which occur during labor?
    A. Dilation of the cervix, expulsion of the placenta, birth of the baby
    B. Expulsion of the placenta, dilation of the cervix, birth of the baby
    C. Dilation of the cervix, birth of the baby, expulsion of the placenta
    D. Birth of the baby, dilation of the cervix, expulsion of the placenta

16. The menstrual flow comes from what female reproductive organ?
    A. uterus
    B. vagina
    C. bladder
    D. ovary

17. How long does a sperm cell usually live?
    A. 12-24 hours
    B. 24-48 hours
    C. 48-72 hours
    D. 72-96 hours

18. Why is it unwise for first cousins to marry?
    A. Their marriage usually ends in divorce.
    B. They have difficulty having children.
    C. Blood types are usually incompatible.
    D. They may pass on similar defective genes to their children.

19. Which statement is <u>true</u> about fraternal twins?
    A. They come from the same egg cell.
    B. They must be of the same sex.
    C. They must look alike.
    D. They result from two eggs and two sperm uniting.

20. What part of the male's penis is partially removed in circumcision?
    A. foreskin
    B. testes
    C. glans
    D. prostate

ANSWERS

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. D | 4. D | 7. B | 10. A | 13. A | 16. A | 19. D |
| 2. B | 5. A | 8. A | 11. D | 14. B | 17. C | 20. A |
| 3. C | 6. C | 9. D | 12. D | 15. C | 18. D | |

## PART II: SEX ATTITUDE INVENTORY

Directions: Each of the following statements is an opinion about some aspect of sexuality. Read each statement carefully, then decide which of the five choices is closest to your opinion. Mark

A - if you strongly agree with the opinion stated;
B - if you agree with the opinion stated;
C - if you are uncertain about the opinion stated;
D - if you disagree with the opinion stated;
E - if you strongly disagree with the opinion stated.

Remember, answer according to what you think or feel. There are no right or wrong answers.

| | | |
|---|---|---|
| 1. | Men are far too aggressive in social relations with women. | A B C D E |
| 2. | Men are more sentimental and emotional than they like to show. | A B C D E |
| 3. | Pressure to lose virginity is greater on the male than on the female. | A B C D E |
| 4. | High school age boys and girls should be able to date without any restrictions. | A B C D E |
| 5. | Men are more interested in sex than women are. | A B C D E |
| 6. | Interest in sex begins to decline in both men and women after age forty. | A B C D E |
| 7. | All children should be planned. | A B C D E |
| 8. | The most important reason to have sexual intercourse is to reproduce children. | A B C D E |
| 9. | If a couple love each other it is okay to have sex. | A B C D E |
| 10. | Most teenagers get their sex information from their parents. | A B C D E |
| 11. | Pictures or diagrams of the male and female sex organs should not be shown to mixed groups (boys and girls). | A B C D E |
| 12. | There are some jobs which are more suitable for males than for females. | A B C D E |
| 13. | Parents have more fun than do teenagers. | A B C D E |
| 14. | Most teenagers find it difficult to talk to their parents about sex. | A B C D E |

| | | |
|---|---|---|
| 15. | Parents should not permit their 15-year-old-daughter to date a 25-year-old-man. | A B C D E |
| 16. | A person's sexual development has an important influence on his/her general attitude about life. | A B C D E |
| 17. | It is a girl's responsibility to set the limits in a dating relationship. | A B C D E |
| 18. | Teenage moral standards are less rigid today than when your parents were teenagers. | A B C D E |
| 19. | A couple is ready for marriage when they realize that they are in love with each other. | A B C D E |
| 20. | The responsibility for using contraception should fall on the female. | A B C D E |

ACTIVITY FEEDBACK FORM (FOR FACILITATOR)

NAME OF ACTIVITY _____ PAGE NO. _____

FACILITATOR _____ DATE _____

SCHOOL (SETTING) _____ GRADE LEVEL _____

NUMBER OF PARTICIPANTS _____ MALES _____ FEMALES

Use the scale below to evaluate activity; Mark

A - if you strongly agree with the statement;
B - if you agree with the statement;
C - if you disagree with the statement;
D - if you strongly disagree with the statement.

The activity

| | | |
|---|---|---|
| 1. | was interesting to the students. | A B C D |
| 2. | provoked good class discussion. | A B C D |
| 3. | related to students' lives. | A B C D |
| 4. | promoted an awareness of different values. | A B C D |
| 5. | encouraged the application of decision-making skills. | A B C D |
| 6. | met all of its objectives. | A B C D |

How long did it take you to plan for this activity? _____

How much classroom time should be allowed for this activity? _____

Do you recommend that this activity remain in the curriculum?

_____Yes
_____Yes, with revision
_____No

How would you change this activity? (Try to be specific)

_____

_____

_____

_____

ACTIVITY EVALUATION FORM (FOR STUDENTS)

NAME OF ACTIVITY _____ DATE _____

SCHOOL _____ GRADE _____

Use the scale below to evaluate activity. Mark

A - if you strongly agree with the statement;
B - if you agree with the statement;
C - if you disagree with the statement;
D - if you strongly disagree with the statement.

This activity

| | | | | | |
|---|---|---|---|---|---|
| 1. | was interesting. | A | B | C | D |
| 2. | made me aware of different points of view. | A | B | C | D |
| 3. | was well organized and presented. | A | B | C | D |
| 4. | promoted high level thinking in the class. | A | B | C | D |
| 5. | helped me look at how decisions are made. | A | B | C | D |
| 6. | covered important information for students. | A | B | C | D |
| 7. | should be used again for other students. | A | B | C | D |

What is your overall evaluation of the activity? (check one)

_____Excellent in all respects
_____Okay, but make some changes next time
_____Below average, make major changes next time
_____Unsatisfactory, do not use next time

What suggestions do you have for improving this activity?

_____

_____

_____

_____

EVALUATION OF SEX EDUCATION PROGRAM

SCHOOL _____ GRADE _____

DATE _____

Use the scale below to evaluate program. Mark .

A - if you strongly agree with the statement;
B - if you agree with the statement;
C - if you disagree with the statement;
D - if you strongly disagree with the statement.

This program

| | | | | | |
|---|---|---|---|---|---|
| 1. | made me aware of different points of view. | A | B | C | D |
| 2. | was well organized and presented. | A | B | C | D |
| 3. | covered important issues for students my age. | A | B | C | D |
| 4. | promoted high level thinking in the class. | A | B | C | D |
| 5. | helped me to solve some problems. | A | B | C | D |
| 6. | helped prepare me for situations I will face in the future. | A | B | C | D |
| 7. | taught me how to make decisions. | A | B | C | D |
| 8. | influenced me to change some of my attitudes and beliefs about sexuality. | A | B | C | D |
| 9. | should be taken by other students. | A | B | C | D |

What is your overall evaluation of the program? (check one)

_____Excellent in all respects; don't change anything
_____Okay, but make some changes next time
_____Below average; make major revisions in the program
_____Unsatisfactory; do not use

What did you like best about the program?

_____

_____

What did you like least about the program?

_____

_____

What changes in the program do you recommend the next time it is offered?

_____

_____

PROBLEM STORY A

David receives a call from the Health Department telling him that he may have a venereal disease. Knowing the possible serious consequences from V.D. he agrees to go in for a checkup. After confirming a diagnosis of gonorrhea the doctor asks David for names of girls who may be exposed. He wants to help but fears that word will somehow get out and that people won't understand. Further, David is worried that he may be making trouble for certain girls by giving their names. He is at a loss as to what to do.

1. What do you think is the major problem in this dilemma?

2. Make a list of all the choices you can think of David has at this time. Be sure to include choices you do not agree with.

3. If David could ask some questions or get some more information now to help him solve his problem, what would he ask and to whom?

4. If you were David what would you do? Why? Are there any other reasons you would do this? (Write down as many reasons as you can).

PROBLEM STORY B

Steve is 17 and has graduated from high school. He has been promised a full-time job working in the body shop where he has worked part-time and during summers for two years now. Mary is 16. She has another year of high school. Mary and Steve have dated for three years. They have been going together for a year and a half. They love each other very much. Steve wants to get married. Mary does too, but she's a little bit unsure because she has a year of school left. Mary's parents are very much against the idea of her marrying now. Mary's mother, who quit school to get married and start a family, is particularly upset. Steve's parents have no strong feelings either way. Mary is afraid she might lose Steve if she does not marry him now. If she does marry Steve now she is afraid she won't be able to finish school, hold down a part-time job and keep house.

1. What do you think is the major problem in this dilemma?

2. Make a list of all the choices you can think of Mary and Steve have at this time. Be sure to include choices you do not agree with.

3. If Mary could ask some questions or get some more information now to help her solve her problem, what would she ask and to whom?

4. If Steve could ask some questions or get some more information now to help him solve his problem, what would he ask and to whom?

5. If you were Steve what would you do? Why? Are there any other reasons you would do this?(Write down as many reasons as you can.)

6. If you were Mary what would you do? Why? Are there any other reasons you would do this?(Write down as many reasons as you can.)

PROBLEM STORY C

Marc and Susan have just started dating. A group from school have decided to go out to Shelby Forest for an evening picnic to celebrate the end of the school year. Marc has borrowed a car for the evening and has asked Susan to go. They double date with Gail and Jim who have been dating for a year and are good friends of Marc. The group meets at 7:00 P.M. and by 10:00 P.M. most of the others have left for home. Marc doesn't seem to have any time in mind for going home. He has some liquor in the trunk of the car and takes it out and starts drinking. Susan knows Gail and Jim are close by, but Susan doesn't want to be the wet blanket and insist that everyone leave. Susan is expected home by midnight, although she knows her parents are out for the evening, and she doesn't know how to get in touch with them or exactly when they will be home. It is now 11 p.m. Mark has had too much to drink and says he is not ready to go home yet. What should Susan do?

1. What do you think is the major problem in this story?

2. Make a list of all the choices you feel Susan has at this time. Be sure to include choices you do not agree with.

3. If Susan could ask some questions or get some more information now to help her solve her problem, what would she ask and to whom?

4. If you were Susan what would you do? Why? Are there any other reasons you would do this? (Write down as many reasons as you can.)

| Content Area | Motivating Questions/Statements |
|---|---|
| I. Developing a Positve Concept of Sexuality<br><br>Getting to Know Group Members | Communication is often enhanced as people learn more about each other. Open and honest communication can occur if people feel they can trust one another. One way to establish more effective communication is to share positive information.<br>What positive things can you say about people in this group? |

Objective

To write or verbalize the common characteristics and differences in a group.

Processing Opportunity "Getting to Know You" Time 20-30 minutes

This activity enables you to get to know people and establish good communication. Try to keep it positive and avoid all "put downs".

Distribute a copy of the banner found on page 3. Ask students to complete their own banner. The facilitator might give one or two examples from his/her banner to motivate students. Allow 15 to 20 minutes to complete banners. Afterwards have each student hang his/her banner on the wall.

Ask students to discuss their charts with two boys and two girls. Encourage the students to sign each others banner and to share. Encourage students to go beyond their friendship circles to establish good communications. (5-10 minutes)

In a large group the facilitator asks participants what they have learned during this activity. Usually students discuss common interests. Facilitators may want to emphasize the importance of sharing positive ideas for good communication. Similarities as well as differences which exist among group members can be noted.

Leave the personal banners on the wall for additional sharing opportunities at a later time. If this is not possible, encourage students to take their banners home and hang on a wall.

Questions for Discussion

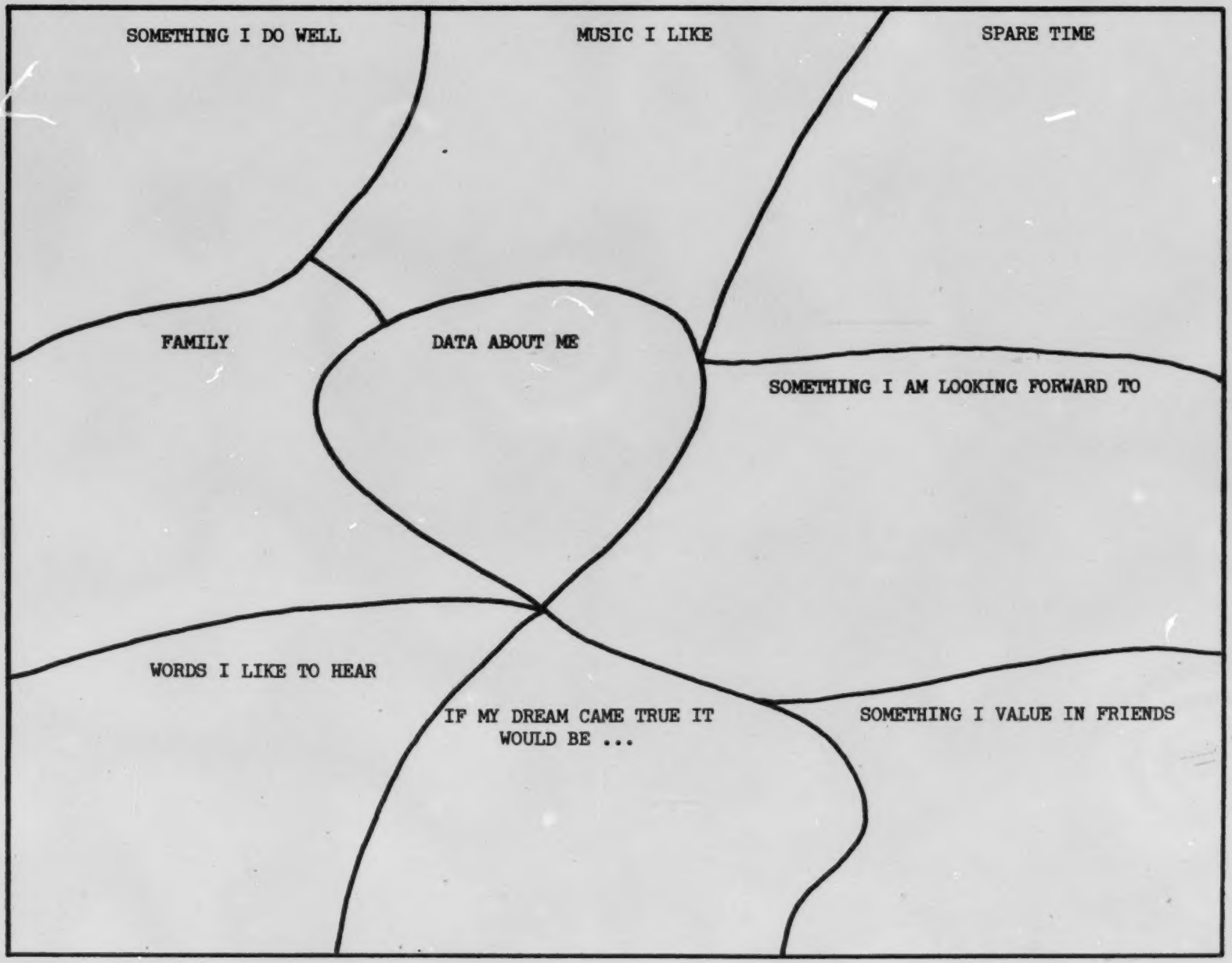
1. What did you learn about yourself?
2. Were you surprised at any responses on the banners?
3. Did you find out anything new about individuals in your group?
4. Can you make any general statements about kids your age from looking at the banners made in this group?

Equipment/Materials/Resources

Reproduce banner sheets or draw banner on the board.

Variation

Allow the students to choose from a variety of color sheets of paper. Ask the students to draw or write one thing they either like about themselves or do well. Ask students to share the information on their sheets.


SOMETHING I DO WELL
MUSIC I LIKE
SPARE TIME
FAMILY
DATA ABOUT ME
SOMETHING I AM LOOKING FORWARD TO
WORDS I LIKE TO HEAR
IF MY DREAM CAME TRUE IT WOULD BE ...
SOMETHING I VALUE IN FRIENDS

| Content Area | Motivating Questions/Statements |
|---|---|
| I. Developing a Positive Concept of Sexuality<br><br>Problem Solving | 1. How do you solve a problem?<br>2. Do you have an approach that works? |

Objective

To apply the problem-solving steps in a problem-oriented situation

Processing Opportunity "Low Bridge" Time 25-35 minutes

Many factors come into play when trying to solve a problem. Decisions are made carefully and thoughtfully; other times quickly and spontaneously. The purpose of this activity is to present a problem-solving story and to examine the method and process utilized for arriving at a solution.

(Use this story to introduce problem-solving model - see pages ix-xii).

Distribute a copy of "low bridge" to each participant.

A large water tank was being transported by truck to a small town in Virginia. The power and telephone company was utilized to clear the road of low-hanging wires in order for the water tank to pass. The truck came to a bridge and could not clear the top due to the height of the load. (Two inches were needed to clear the bridge.) Engineers were called in to solve the problem. How can we transport the water tank across the bridge?

Questions for Discussion

1. What was the problem?
2. What was the cause?
3. What appeared to be the best solution?
4. What were the alternatives?
5. What was the best alternative?

Equipment/Materials/Resources

Copies of "Low Bridge"

A copy of the problem-solving model or a transparency of the model for an overhead projector, overhead projector

Note: Possible solutions to Low Bridge Problem

1. Pull up the water tank by helicopter and carry across the river
2. Dismantle water tank and continue shipment of pieces
3. Unload the water tank and slide it across the bridge on skids
4. Let air out of the tires to lower the load about two inches to clear the bridge

Variation

In a large group, allow the students to demonstrate the use of the problem-solving model through group initiated dilemmas. Problem areas may include: weight, skin, communication with peers/parents, friendship, pregnancy, and V.D. Describe the problem-solving styles various participants have exhibited.

| Content Area | Motivating Questions/Statements |
|---|---|
| I. Developing a Postive Concept of Sexuality<br><br>Define sex, sexuality | What do you think about when you hear the word, "sex"? "sexuality"? |

Objective

To write/verbalize a definition of sex and sexuality

Processing Opportunity "Ideas" Time 20-30 minutes

Ask students to write or just think about some of their ideas about sex. Facilitator may give a few examples: Sexual intercourse, love, reproduction, marriage, sex organs, penis, vagina, man, woman, kissing, masculinity and femininity, jokes, movies, Playboy, Playgirl, etc.

Group the students (2's or 3's) to define sex and sexuality. Explain that their ideas are only tentative and will probably change as they learn more information. Also explain that some may be uncomfortable discussing sex and sexuality because of its personal meaning and individual values. Our society today seems to discuss sex more frequently and openly as a normal part of human life.

In a large group, provide an opportunity for students to exchange some of their ideas about sex and sexuality. The facilitator (on newsprint or chalkboard) may want to record many of the ideas for later discussion.

Questions for Discussion

1. What does the word "sex" generally mean? "sexuality"?
   Note: sex: refers mainly to the reproductive system and behavior and physical characteristics of males and females.
   Note: sexuality: refers to one's ideas or values about his or her maleness or femaleness, along with good attitudes and feelings toward sex.
2. Do sex values change and develop as one becomes older? What are some examples?
3. How are your parents' ideas about sex and sexuality different from yours?

Equipment/Materials/Resources

Newsprint

| Content Area | Motivating Questions/Statements |
|---|---|
| I. Developing a Positive Concept of Sexuality<br><br>Identifying Sources of Sex Information | Where do you find out information about sex-related topics? |

Objective

To rank the Sex Information Sources and give reasons for their choices.

Processing Opportunity "Sex Information Sources" Time 30 min.

Distribute a sheet with the following possible sources for obtaining sex information. Ask students to rank sources in the order most frequently used. Then ask students to rank according to which sources they believe provide the most accurate information.

| Source | Most Common | Most Accurate |
|---|---|---|
| minister | _____ | _____ |
| counselor | _____ | _____ |
| physician | _____ | _____ |
| teacher | _____ | _____ |
| parents father mother | _____ | _____ |
| friends (same sex) | _____ | _____ |
| friends (opposite sex) | _____ | _____ |
| magazines | _____ | _____ |
| books | _____ | _____ |
| relative | _____ | _____ |
| pornographic materials | _____ | _____ |
| movies and television | _____ | _____ |
| other sources | _____ | |

Group students in pairs to discuss and compare their sources of sex information for approximately 3 to 5 minutes. Expand the group to groups of 4 for another 3 to 5 minutes. Have the group compute an average score for each source - i.e., add ranks given each source and divide by the number of students in the group. Record each group's ranking and compile an overall sex information source ranking.

Assemble in one large group, then encourage the small groups to share their sex information sources and explain "why." The facilitator could briefly write their comments on newsprint or chalkboard.

Questions for Discussion

1. How comfortable are some parents (adults) talking about sex with their children? Why or why not are parents comfortable talking to their children about sex?
2. How do you think we gain our sex information?
3. Is trust important in discussing sex with others? Why?

Equipment/Materials/Resources

Reproduce Sex Information
Source Ranking

| Content Area | Motivating Questions/Statements |
|---|---|
| II. Developing a Sexual Identity<br><br>Physical Development of Teens | 1. What sometimes makes you feel bad about yourself?<br>2. What helps you to feel good about yourself? |

Objectives

To analyze physical features and discuss ways of enhancing their positive attributes.

To determine the value of good health habits in improving total appearance.

Processing Opportunity "Mirror on the Wall, Who's the Fairest of them All?" Time 45 min.

Provide participants with the personal appearance evaluation sheet. Stress the fact that this is a private inventory. Each person is to rate the different parts of the body according to how they personally feel about that part.

After each person has completed the evaluation, the discussion should focus on ways of enhancing personal appearance and improving health habits. Special mention may be made in reference to problem areas such as small bust, large feet and genital size, etc. Teens may need reassurance that masculinity and femininity are not determined by advanced physical development.

Questions for Discussion

1. What can you do to improve your personal appearance?
2. What new health habits have to be formed during adolescence?
3. Does size and shape of sexual organs affect one's attitudes about oneself?
4. Can you name some famous people who represent the "physical ideal" in contemporary society? Is it fair to compare yourself to these people?

Equipment/Materials/Resources

Copies of the personal inventory
Appendix A

## MIRROR MIRROR ON THE WALL, WHO IS THE FAIREST OF THEM ALL

How an individual feels about his/her body can affect self-confidence and attitude toward life.

Please rate each body part according to the way you feel about that part. You may feel you have nice legs (4) and terrible hair (1).

| | VERY SATISFIED(4) | SATISFIED(3) | WISHING(2) | THINK POSITIVE(1) |
|---|---|---|---|---|
| Shoulders | | | | |
| Eyes | | | | |
| Ears | | | | |
| Nose | | | | |
| Mouth | | | | |
| Arms | | | | |
| Legs | | | | |
| Hips | | | | |
| Calves | | | | |
| Thighs | | | | |
| Hair | | | | |
| Skin | | | | |
| Weight | | | | |
| Height | | | | |

How do you rate yourself?

| | |
|---|---|
| 44-56 | You are very satisfied with your physical appearance |
| 34-43 | You are satisfied with your physical appearance |
| 24-33 | You wish you could meet your ideal |
| 14-23 | Think positive, you look better than you think you do |

| Content Area | Motivating Questions/Statements |
|---|---|
| II. Developing a Sexual Identity<br><br>Anatomy & Physiology of the Female and the Male | 1. Can you name the parts of the male and female reproductive systems?<br>2. Could you trace the pathway of the egg and the sperm. |

Objectives

To label the various parts of the male and female reproductive systems.

To provide basic information about the various parts of the male and female reproductive system.

To develop comfort with the vocabulary.

Processing Opportunity "Meeting the Female and the Male"
Time 30 minutes

Break up into groups of 2 to 4 persons. On the drawings provided, have groups place the correct terms on the appropriate line. Pool your group resources. You have 15 minutes to complete the drawings. After drawings are complete, the facilitator should provide information as to the function of each reproductive part.

Terms

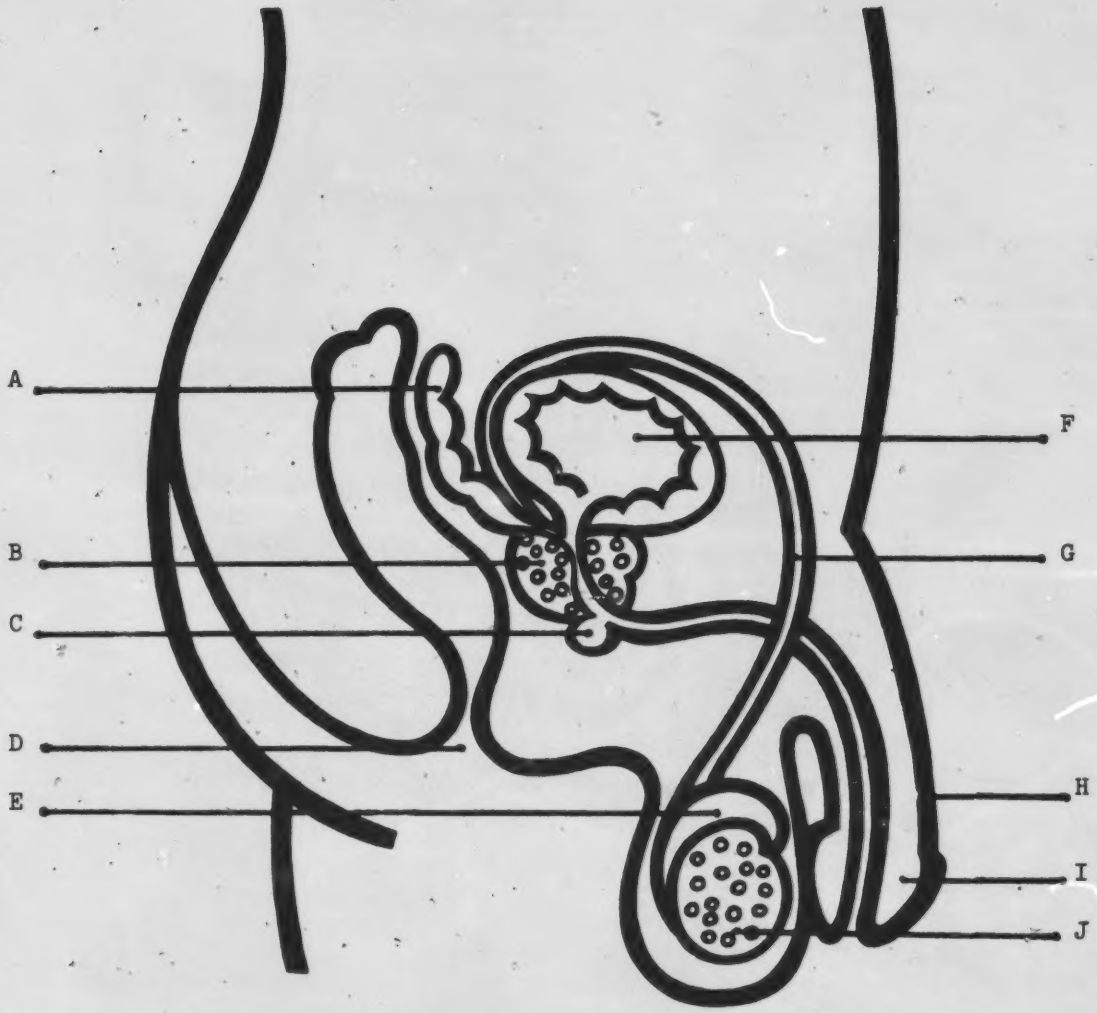
| Male | | Female | |
|---|---|---|---|
| Cowper's gland | Anus | Clitoris | Anus |
| Penis | Urethra | Vagina | Urethra |
| Scrotum | Glans penis | Uterus | Bladder |
| Testis | Bladder | Ovary | Cervix |
| Vas deferens | Epididymis | Fallopian tube | |
| Prostate gland | Seminal Vesicle | | |

Questions for Discussion

1. How many terms did your group correctly identify?
2. Identify the various functions of the parts of the reproductive system.
3. How did you feel labeling the various parts with members of the opposite sex? Why?

Equipment/Materials/Resources

Duplicate drawing
**Films:** Understanding Human Reproduction Parts I, II
Human Growth III
Appendix B




ANSWERS

A. Seminal vesicle
B. Prostate gland
C. Cowper's gland
D. Anus
E. Epididymis
F. Bladder
G. Vas deferens
H. Penis
I. Glans penis
J. Testis

ANSWERS

| | | |
|---|---|---|
| A. Fallopian tube | D. Urethra | G. Cervix |
| B. Ovary | E. Clitoris | H. Vagina |
| C. Bladder | F. Uterus | I. Anus |

| Content Area | Motivating Questions/Statements |
|---|---|
| II. Developing a Sexual Identity<br><br>Traditional Male and Female Roles, Traits | 1. How would you define the term masculine? Feminine?<br>2. What do you consider to be the major differences between males and females? |

Objective

To explore similarities and differences between male and female perceptions of relationships with the opposite sex.

Processing Opportunity "What's Important" Time 20-30 min.

Divide students into small groups separating males and females. Ask participants to list the five most important qualities he or she looks for in a man, and the five most important qualities he or she looks for in a woman. Compile four lists. One listing should contain what males look for in females, the second what males seek in other males, the third what females look for in males, and the fourth what females look for in other females. The composite lists may be placed on newsprint for class display.

Questions for Discussion

1. How do the two sexes differ in their view of what's important in the opposite sex?
2. What seems to be important in relationships with the same sex?
3. Do males and females have the same evaluating standards for males? For evaluating females?
4. How do you account for differences in the lists? Similarities?

Equipment/Materials/Resources

Paper and pencils
Newsprint
Appendix C

| Content Area | Motivating Questions/Statements |
|---|---|
| II. Developing a Sexual Identity<br><br>Traditional Male and Female Roles, Traits | 1. What does the phrase "sex roles" mean to you? Sex role stereotyping? Sex role reversal?<br>2. How are sex roles learned?<br>3. How does a person's sex role affect attitudes, behaviors, and decisions? |

Objectives

To define sex role, sex role stereotyping, sex role reversal and to provide examples of each.

To identify both obvious and subtle ways sex roles are learned.

To express ways sex roles influence personal attitudes, behaviors, and decisions.

Processing Opportunity Film: Boys Don't Do That

Time 30 minutes

Write the following phrases on the blackboard: (1) sex roles, (2) sex role stereotyping, (3) sex role reversal. Ask students to comment on what each of these means to them. Following a short discussion tell students that examples of each category are presented in the film. Instruct them to list on a piece of paper as many examples as they can find in the film. Following the film, list all the different examples on the board. Discuss various examples as they are identified. After several minutes of discussion, re-show the film to see if additional examples can be found.

Following the above discussion of sex roles, divide the class into small groups and instruct them to make a group list of examples which illustrate ways sex roles have changed in today's society. Encourage students to comment on why these changes took place. Present to class. (It may be appropriate to have students take their list home, work, school, church, etc., and try to identify specific situations which show sex role changes.)

Questions for Discussion

1. Why do you think the film was entitled "Boys don't do that"? Could it just as easily have been entitled "Girls don't do that"?
2. What do you think was the purpose of the film?
3. Some people say that it is dangerous to suggest that sex roles should be changed. What are their reasons?
4. What are your feelings about the trend to reduce the differences between male roles and female roles? Should our goals be to make men and women the same? Explain.
5. What are the benefits and advantages of changing sex role stereotypes? Are there any risks, disadvantages?

6. Does the way we perceive our sex roles have any effect on our health? Self concept? Potential for success as a husband/wife? Mother/father? Explain.
7. There is evidence that men are now doing things previously thought of as typical female activities. Females are also engaging in typical male activities. Can you think of examples in your own life which show a change in sex roles? What influenced you to change?
8. If you were to produce a film on sex roles, what stereotypes would you include? Exclude?
9. How are our feelings and expectations about sex roles today different from those of our parents and grandparents?
10. In this film the boy says his father didn't have any use for the boy who was a dancer because he thought he might be gay? What are some stereotypes you have heard about homosexuals?

Equipment/Materials/Resources

Film: Boys Don't Do That
16 mm projector
Group may want lists put on newsprint

| Content Area | Motivating Questions/Statements |
|---|---|
| II. Developing a Sexual Identity<br><br>Media Influences on Sex Role Identity | 1. What attitudes toward masculinity and femininity are fostered by the media (T.V., movies, music, magazine advertisements)?<br>2. Do you think your attitudes about yourself as a man or woman have been influenced by the media? |

Objective

To identify examples of positive and negative male and female role models found in various media.

Processing Opportunity "The Marlboro Male" or
"Machismo in the Media"

Time 30 min.

The day before this activity divide participants into four groups. Assign each group to either T.V., movies, music, or magazine advertisements. Ask each group to think of as many examples of positive and negative sex role models as they can for their particular media. Instruct the group to provide actual examples (movie ads, song lyrics, advertisements).

The next day, ask each group to explain what they saw as positive or negative in the choices made. The examples could be grouped in two collages depicting positive and negative influences.

Questions for Discussion

1. Have you ever seen an advertisement which you considered to be pornographic?
2. Would a non-sexist approach in the media help to change peoples attitudes toward sex roles?
3. Do you think sex really sells a product? Name some products?

Equipment/Materials/Resources

Magazines, song lyrics or album covers
Movie page from the newspaper

| Content Area | Motivating Questions/Statements |
|---|---|
| II. Developing a Sexual Identity<br><br>Influence of Sex Roles on Attitudes, Behaviors, Decisions | 1. Do you feel that males and females act differently or have different feelings?<br>2. Can you give examples of differences or similarities in the emotional make up of males and females? |

Objective

To explain at least three common and three different perceptions concerning male and female behavior.

Processing Opportunity "Who, What" Time 30 minutes

All of us have preconceived attitudes about people which affect the manner in which we deal with others. In this activity circle the choice which indicates your views as to whether or not sex-related traits are involved in the following activities: W = woman, M = men, and ND = no difference.

| | | | | |
|---|---|---|---|---|
| 1. | Less judgmental of other people? | W | M | ND |
| 2. | Is more concerned with what others think? | W | M | ND |
| 3. | More sexual activity? | W | M | ND |
| 4. | A better driver? | W | M | ND |
| 5. | More emotional? | W | M | ND |
| 6. | More sexually aggressive? | W | M | ND |
| 7. | More talkative? | W | M | ND |
| 8. | Better at manual labor? | W | M | ND |
| 9. | More scheming? | W | M | ND |
| 10. | Better organized? | W | M | ND |
| 11. | More concerned with sex? | W | M | ND |
| 12. | More thoughtful of others? | W | M | ND |
| 13. | A better parent? | W | M | ND |
| 14. | More concerned about their work? | W | M | ND |
| 15. | More money-wise? | W | M | ND |
| 16. | Carry purses? | W | M | ND |
| 17. | Kiss father? | W | M | ND |
| 18. | More likely to express emotions? | W | M | ND |
| 19. | Score higher on tests of verbal ability? | W | M | ND |
| 20. | Score higher in mathematics? | W | M | ND |
| 21. | Less likely to risk failure? | W | M | ND |
| 22. | More active physically? | W | M | ND |

Questions for Discussion

1. How many of the items did you mark ND? How do you account for the similarities?
2. For those traits that you felt were different, what do you feel accounted for the differences?
3. How did you learn to expect certain skills, abilities, and behavior from either males or females?

Equipment/Materials/Resources

Duplicate activity, Appendix C

Variation

"Take A Stand"

Select 10 or less questions from the above list to be answered by the class. Take three sheets of butcher paper. In the left hand corner of each sheet number down from 1-10. In the center of each page write either W, M, or ND in large capital letters. Tape the three (separate) sheets of butcher paper around the room. Students walk from sheet to sheet responding to the questions by checking the appropriate number and heading, as the facilitator reads the questions. For example, ten participants might respond in the following manner:

| W | | M | | ND | |
|---|---|---|---|---|---|
| 1 | XXX | 1 | XXXXX | 1 | XX |
| 2 | XX | 2 | XXXX | 2 | XXXX |
| 3 | | 3 | | 3 | |
| 4 | | 4 | | 4 | |
| 5 | | 5 | | 5 | |
| 6 | | 6 | | 6 | |
| 7 | | 7 | | 7 | |
| 8 | | 8 | | 8 | |
| 9 | | 9 | | 9 | |
| 10 | | 10 | | 10 | |

After all questions have been charted & compiled, the discussion should be centered on male and female attitudes as demonstrated by the class.

| Content Area | Motivating Questions/Statements |
|---|---|
| II. Developing a Sexual Identity<br><br>Feelings about Sexual Identity | 1. How do you react to the statement: "The manner in which you have been treated becomes the manner in which you act." |

Objective

To explain three ideas or influences from others (peers, parents and adults) that help to determine sexual identity.

Processing Opportunity: "Name That Role" Time 40 minutes

Divide the class into groups of 6-8 people and place a piece of tape or name tag on each person's forehead with the following role terms:

| | |
|---|---|
| Sexy Susie | Masculine Madeline |
| Athletic Abe | Prissy Pete |
| Intelle tual Ike | Aggressive Agnes |
| Intellectual Irene | Shy Sam |

Individuals should not know the role they are playing. Others in the group will see his/her role. The group should then have a conversation and react to each other according to the label on the tape. It is important to remember to react to the name stated on the tape and not to your real perception of the individual.

Have the individual guess his/her own role, and ask for verbal reactions to the way in which they were treated during the exercise. The facilitator should identify a current events issue for the group to discuss.

Questions for Discussion:

1. Do you react to people according to labels? Give examples.
2. What do we need to do to avoid labels? Others toward us? Ourselves labeling others?

Equipment/Materials/Resources

White self-sticking name tags and marking pen

Variation: "Name That Role"

Ask for (6) volunteers from the group or select students for a role-playing exercise. The leader then tags the six students with the labels of Prissy Pete, etc.

These students will compose a speakers' panel on the topic of "Female Players on All Male Professional Football Teams." This role play can be most amusing and effective when males play female roles and vice versa. The panelists then sit in front of the room and are asked questions by the "audience." Panelists should be encouraged to ask each other questions as well as answering questions from the group.

After the role play "panel discussion" the leader may ask for group comments on the male and female stereotypes exhibited by panel members. The leader may terminate the panel whenever students seem to have no more questions or at any point when a discussion of attitudes would be appropriate.

| Content Area | Motivating Questions/Statements |
|---|---|
| III. Developing Relationships with Parents & Other Adults<br><br>Developmental Tasks of Adults 30-60. | 1. What do we mean when we say a person is grownup?<br>2. What are some characteristics of a mature adult?<br>3. How do the activities, privileges & responsibilities of adults (parents) differ from those of teenagers?<br>4. Do you think adults (parents) have more fun than teenagers? |

Objective

To categorize the characteristics and activities related to the mental, physical, emotional, and social development of mature adults.

Processing Opportunity: "Adult Astrology Chart" Time 30-45 min.

Give a brief explanation of the fun people have with astrology charts to describe the type personality of people with different zodiac signs. This chart should indicate only positive characteristics.

On 8 1/2 x 11" paper, draw a circle as large as possible. Divide the circle into 4 sections by horizontal and vertical lines. Label the four pie sections as follows:

Mental Star Signs
Social Star Signs
Emotional Star Signs
Physical Star Signs

The rest of the sheet may be decorated with astrological symbols if desired. On a large sheet of newsprint 24 x 36, construct a chart identical to the small ones. Cut the circle into the four pie sections. Label as indicated.

Divide participants into four groups. Provide each individual with the blank Adult Astrology Chart. Direct individuals to list the mental, physical, emotional, etc. characteristics which they believe a mature adult would have. As much freedom as possible should be allowed to list items which signify reaching mature adulthood. This can include such concrete physical items as owning a car or house to acquiring social characteristics such as being kind, strong, or well-mannered.

After each individual has completed a chart, then have each group compile lists for one of the large pie sections. Assemble the large chart by pinning it to a bulletin board or attaching it to the wall with masking tape.

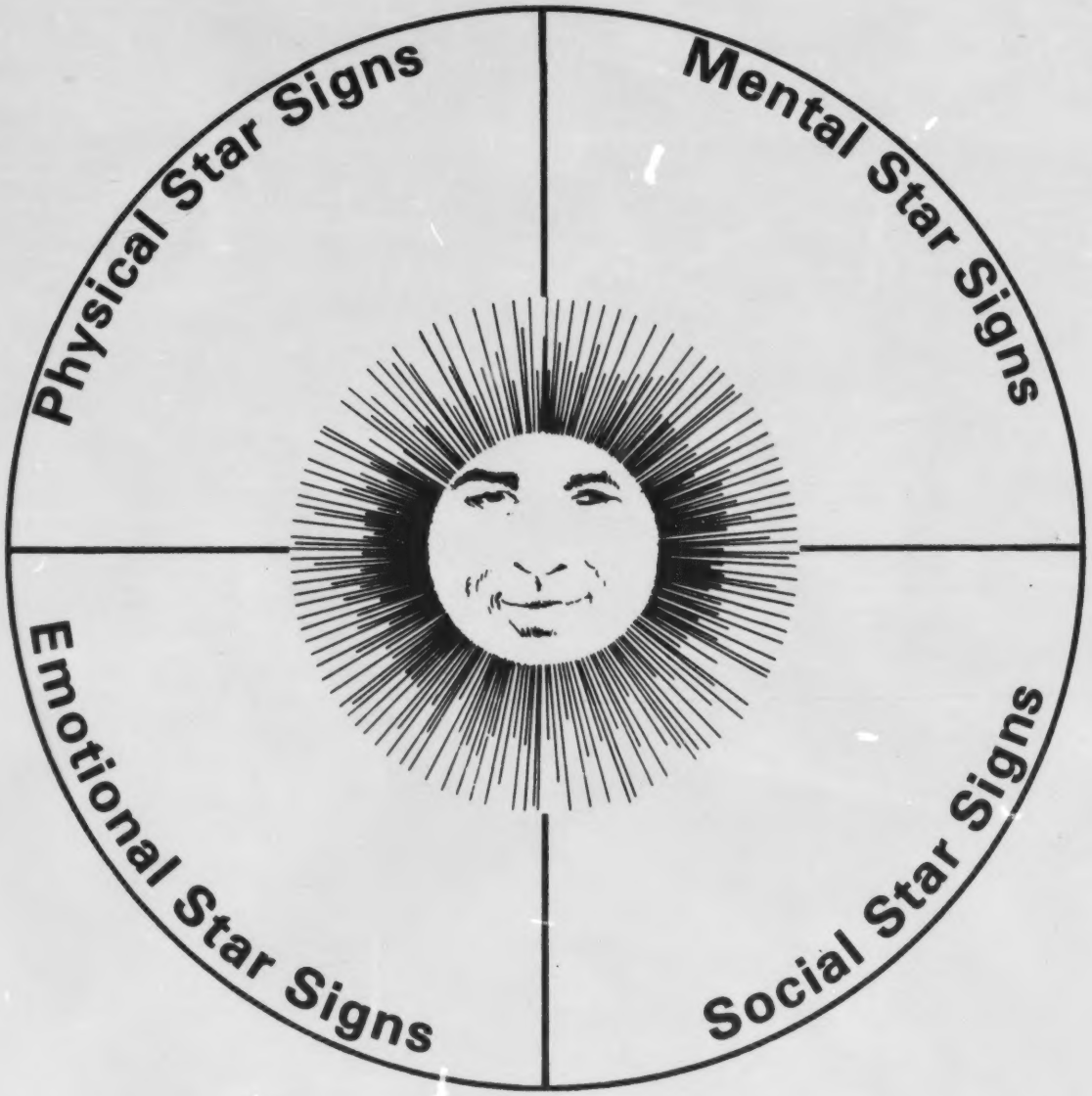
Have a spokesperson from each group report on the selection of items for their section of the chart.

Questions for Discussion:

1. What items were selected by your group?
2. Are teenagers able to acquire all the characteristics listed on your chart? Why? Why not?
3. Does age necessarily denote maturity? (Discuss experience, adaptability, and coping skills as influencing factors).
4. What are some of the problems in adult life?
5. What are the rewards in adulthood?
6. What are some of the satisfactions of being a parent?
7. What are some reasons adults might have for not wanting to have children?

Equipment/Materials/Resources

Astrology Charts
Newsprint, magic markers
Thumb tacks or masking tape




# ADULT ASTROLOGY CHART

| Content Area | Motivating Questions/Statements |
|---|---|
| III. Developing Relationships with Parents & Other Adults<br><br>Developmental Tasks of Adults 30-60 | 1. What plans have you made for this coming weekend?<br>2. Do you have any goals for 5 years from now?<br>3. Are your goals similar to those your parents have for you?<br>4. Could you name one goal a parent of yours has for himself or herself? |

Objective

To define at least one personal goal with short and long term objectives. To recognize that adults pass through developmental stages.

Processing Opportunity: "Goal Line Strategy" Time 20-30 min.

Remind participants that making a touchdown in football requires some planning with every play. Some plays may be decided in a few seconds, but advance planning for that play took place much earlier in practice sessions. Life also takes planning if one wishes to reach a goal.

It might prove helpful with this exercise to have a male participant (perhaps a football player) review some of the terms of football and compare this strategy to life strategy. For example, a play is a step to reach a goal; a field goal is a short term goal which provides less success (score) than a long term (touchdown) goal, but is very often valuable to the overall score. Other football terms can be used to make planning and goal setting a more interesting and exciting task.

Provide participants with the drawing of a football field with goal posts at the top of the page and yard lines marked for four planned objectives showing: a goal for next week, a goal for next month, a goal for next year, and a goal for the next five years. Students will write on each yard line their plans for that time segment by describing the steps to be taken to accomplish that goal. Explain that goals can be as simple as going to a movie the next week or as complex as studying to be an engineer in the future.

Participants later can take home a goal sheet for parents to fill out describing the goals they would like for their children to have. At the next session the participants can compare their goals to the expectations of their parents.

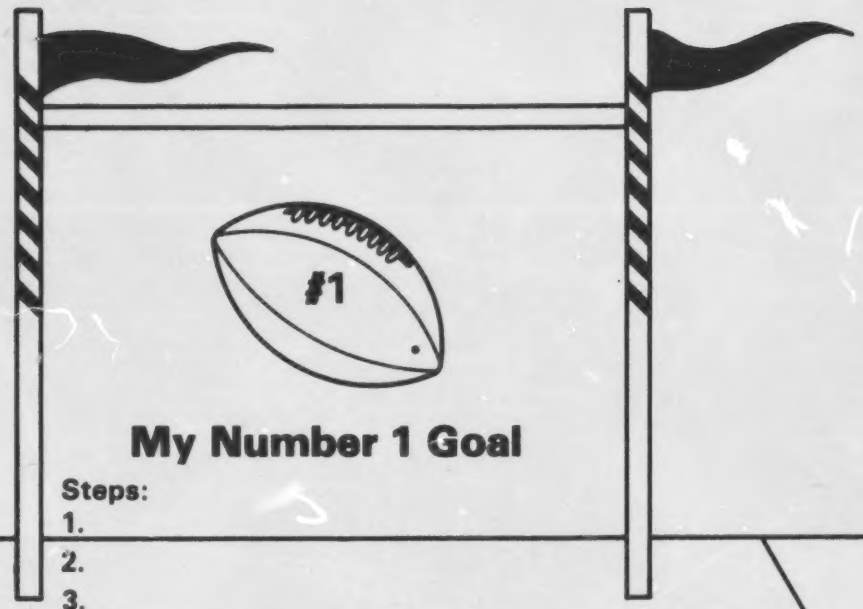
Questions for Discussions:

1. Did many of your parents have similar goals for themselves? Did some of their goals surprise you?

2. Were you able to discuss your goals with your parents? What was their reaction?
3. Was it easy to determine your short term goals? Long term?
4. Babies first learn to sit up, then crawl, then walk. Do adults have certain developmental tasks? What do these tasks seem to be?
5. If you fail to reach your goal what steps do you take?

Equipment/Materials/Resources:

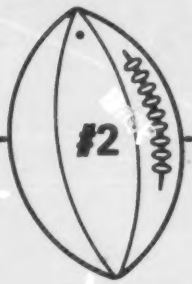
Copies of the goal line drawing
Appendix D




## My Number 1 Goal

**Steps:**

1.
2.
3.




**My Goal for Next Year Steps:**

1.
2.
3.

**My Goal for Next Month Steps:**

1.
2.
3.

**My Goal for Next Week Steps:**

1.
2.
3.

# KICK OFF YOUR FUTURE

| Content Area | Motivating Questions/Statements |
|---|---|
| III. Developing Relationships with Parents & Other Adults<br><br>Parents as Providers, Protectors, & Authority Figures | 1. What is the happiest surprise that a parent has ever given you?<br><br>2. What would you like to be able to give your children that your parents have not given you? |

Objective

To differentiate at least three (3) essential and three (3) nonessential needs of children.

Processing Opportunity: "The High Cost of Parenting" Time 30-50 minutes

Have participants choose partners or assign partners by drawing numbers. Each couple is to pretend they are parents of children in one of three age categories: birth to 6, 6-12, 12-18. Each couple can decide if they want to have a family of same sex children or different sexes and how many. They are to list as many items as they can think of that parents must provide for children in the different age groups.

Some couples may disagree as to items needed, e.g., a motor bike or car for a teenager. If the couple disagrees this fact should be reported to the group and an explanation given as to how the couple resolved the issue. Lists can be detailed as to how many dresses, pants, etc. and if the family plans to use hand-me-downs. Refer students to the problem-solving model when differences of opinion exist.

Discussion may be conducted as a full group or couples who choose the same age category may be grouped together later to compile a master list for that age.

Questions for Discussion:

1. Were there disagreements on what should be on the various lists?
2. How were the disagreements resolved?
3. What items are essential items? What makes that item essential?
4. Did you feel your opinion was important, or did you feel powerless?
5. How do you express your needs & wants to your parents?
6. What are some things you've wanted but couldn't get?
7. What kinds of rules or restrictions would you set for expensive or dangerous gifts you might give your children? Suppose your mate felt the opposite?

Equipment/Materials/Resources:

Paper and pencils
Filmstrip - "Dealing With Practical Concerns of Parenthood"
Appendix E

| Content Area | Motivating Questions/Statements |
|---|---|
| III. Developing Relationships with Parents & Other Adults<br><br>Parents as Providers, Protectors & Authority Figure | 1. As parents of a teenager daughter what rules would you expect her to follow?<br>2. As parents of a teenage son what rules would you expect him to follow?<br>3. Are there any differences in your rules for daughters or sons? |

Objectives:

To consider responsibilities parents may have in guiding their children's social development.

To heighten teenagers awareness of the impact which friends may have upon them.

Processing Opportunity: "Adrianne's Man" Time 30 minutes

Show the trigger film Adrianne's Man.

Have participants discuss reasons parents give for not wanting their teenager to date or be friends with someone. Make a list of the reasons offered.

Write the words "agree" and "disagree" on different ends of the chalk board. Take each reason one at a time and ask participants to move to the appropriate spot according to whether or not they believe parents are justified in objecting to their children's dates or friends.

Have those who move to the agree with parents side give reasons for their opinion and those who disagree with parents give their reasons. Repeat this process for each reason on the list.

Questions for Discussion:

1. What do you think is the purpose of showing this movie?
2. How old is Gerry? What is too much of an age span in a dating relationship?
3. What risks, if any, is Adrianne taking by going out with Gerry?
4. If you were Adrianne's mother what would you say to Adrianne the next day?
5. Describe your "ideal" older brother or sister?
6. Who do you feel cared most for Adrianne?
7. What were Adrianne's feelings?
8. Why would Gerry want to date a younger girl?

Equipment/Materials/Resources:

Film Adrianne's Man — Appendix F
16 mm projector — Chalk board/chalk

Variation:

1. Ask students to role play Adrianne bringing Gerry home to meet her parents, or what Adrianne's mother might say to her the next morning.
2. Have participants use the problem-solving model to solve Adrianne's problem.
   a. What is the problem?
   b. What are the alternatives?
   c. What additional information do you need?
   d. What is the best solution to the problem?

| Content Area | Motivating Questions/Statements |
|---|---|
| III. Developing Relationships With Parents and Other Adults<br><br>Parents as Providers, Protectors, and Authority Figures | 1. What helps children to feel secure?<br>2. What helps children to learn independence? |

Objectives

To identify and explain conflicting emotions regarding parenting, i.e.: protection vs. independence, authoritarian vs. democratic parenting, love vs. indulgence

Processing Opportunity "A Blanket for Linus and a Word From Lucy" Time 20 minutes

Remind participants of the Peanuts cartoon in which Linus drags his blanket around so that he may feel "safe." Also note that Lucy is a very assertive, independent person who wants to always do things herself. Point out that every person at times likes to feel and be protected and that children during the growing years must be protected. All children, also, have the need to be independent.

Each person is to write on one side of an index card a time when his/her parents helped him feel secure by providing a blanket like Linus such as leaving a light on, giving affection, etc. The incident can be one that happened at any age. It could be a disciplinary action that saved the child from further trouble.

On the other side of the card participants write a time when they truly resented the parents' protection.

Cards are then turned in without names and read to the group. Participants may wish to role play situations discribed on the cards.

Questions for Discussion

1. What "blankets" do you have that help you feel secure?
2. What are the advantages and disadvantages of having "blankets"?
3. What happens when teenagers assert their independence?

Equipment/Materials/Resources

3 x 5 index cards
Appendix G

| Content Area | Motivating Questions/Statements |
|---|---|
| III. Developing Relationships With Parents and Other Adults<br><br>Parents As Providers, Protectors, and Authority Figures | 1. What does the word "discipline" mean?<br>2. What types of discipline have been used in your family? |

Objective

To devise guidelines and rules for a positive approach to discipline

Processing Opportunity "Why Not?" Time 60 minutes

Have group form triads. Provide a list of discipline dilemmas. Instruct each triad to choose a reporter. Assign three dilemmas for the triad to discuss. Allow time for discussion then have reports on the decisions of each triad. Instruct the participants not only to make a decision about how a child should be disciplined, but be prepared to answer the questions children usually ask. Why are you making me do this? and why are you being so mean?

Questions for Discussion

1. What are some of the behaviors which require more serious discipline?
2. What are some acceptable forms of discipline?
3. Is discipline always necessary?

Equipment/Materials/Resources

Handout for the Different Dilemmas

Note: The seriousness of child abuse and the types of punishment that constitute abuse can be discussed. Mention can be made of handling techniques which could cause injury to the young child such as:

Physical

1. Picking a young child up by one arm could cause dislocation of elbow
2. Shaking a child-rapid acceleration and deceleration of the head as it bobs could lead to tearing of the cerebral veins. This tearing could lead to retardation, brain damage, vision and hearing defects
3. Twisting a child's arm can result in a fracture
4. Rough pinching could lead to bruising
5. Leaving a young child unattended in a bathtub even in only one inch of water could lead to drowning
6. Leaving a child in a hot car in the summertime may cause the child to develop heat exhaustion

7. Allowing the infant to stay in the sun too long may lead to sunburn or heat exhaustion
8. Failure to provide food for the necessities of life may produce malnutrition in the child

Verbal

1. Excessive yelling
2. Teasing
3. Harsh criticism

Variation

Let the entire class try to solve about five of the discipline dilemmas.

Suggested Discipline Dilemmas

If you were the parent what would you do if:

1. Your 5-year-old son hit a female playmate because she snatched his toy?
2. Your 3-year-old would not eat his spinach?
3. Your 2-year-old had a temper tantrum in the doctor's office?
4. Your 4-year-old wet the bed?
5. Your second grader begged you to be allowed to stay up beyond bedtime for a TV Special?
6. Your 5-year-old woke up with a nightmare and wanted to sleep with you?
7. Your fourth grade child wanted to watch horror movies on the late show Saturday?
8. Your grade school child confessed that he had lied to you about doing his homework?
9. Your preschool child has been undressing and playing "doctor"?
10. Your elementary child has been using "dirty" words?
11. Your 13-year-old wants to go out on single dates?
12. Your 15-year-old girl wants to go out with a man of 25?
13. Your 16-year-old girl went to a birth control clinic without your knowledge?
14. Your 15-year-old son asks you about V.D.?
15. You discover a dent in the car after your son has been driving?
16. You come home from work to find your daughter and her boyfriend upstairs in her room?
17. Your 17-year-old daughter gets in an hour after the time you both had agreed that she should be home?
18. Your 17-year-old son gets home an hour after the time you both had agreed that he should be home?
19. Your teenage daughter decides to take extra courses at school in order to graduate early, but she says she does not plan to go to college?
20. Your teenage son refuses to take any math courses beyond the minimum even though he is excellent in mathematics?
21. Your 14-year-old daughter seems to be spending all her time in her room and rarely goes out with friends?
22. Your 15-year-old daughter buys a dress with her money and the dress is "too grown up" and she looks ridiculous in it?
23. Your 14-year-old refuses to go to church anymore?
24. Your 17-year-old keeps playing his stereo louder than you can take?
25. Your 16-year-old wants to buy a motor bike?
26. Your son was caught with "grass" in his locker?
27. Your daughter wants to date a young man who has had several car wrecks?
28. Your 13-year-old son has a number of friends much older than he is?

29. Your 12-year-old gripes about anything you ask her to do around the house?
30. Your 10-year-old son never picks up anything of his own?
31. Your 12-year-old son always seems a little bit dirty?

| Content Area | Motivating Questions/Statements |
|---|---|
| III. Developing Relationships With Parents and Other Adults<br><br>Values and Morals Parents Convey to Children | 1. Describe an incident in which you thought an adult acted like a child.<br>2. What reaction do you have when someone you admired sets a poor example? |

Objective

To enable participants to clarify their own moral and ethical standards with respect to relationship with parents and adults

Processing Opportunity "Jo Ann and Eddie" Time 30 minutes

Eddie Baker and Jo Ann Harper are in the same geometry class. Sometimes at lunch Jo Ann gets Eddie to help her with her problems. Eddie would like to date Jo Ann and has called her several times at home.

Jo Ann is not at all interested in Eddie as a date. Each time he calls, Jo Ann makes up some excuse that she cannot go out. Jo Ann's parents would like for her to date Eddie since his parents are family friends, and they think he is a "nice" boy.

One evening Jo Ann asked her father to tell Eddie that she was not at home if he called. Her father believes this is dishonest and tells Jo Ann that he will not do this. Once when Jo Ann's father came home early from a business trip he told Jo Ann that if his office called that she was to tell them he had not yet reached home.

Questions for Discussion

1. Should Jo Ann remind her father of this incident? Why? Why not?
2. Does Jo Ann's father hurt anyone with his dishonesty?
3. Does Jo Ann hurt Eddie by not being honest about not wanting to date him?
4. What other reason might her father have for wanting Jo Ann to speak to Eddie?
5. Would it help the relationship between Jo Ann and her father if they could discuss their feelings about being honest?
6. What should Jo Ann do?
7. Do you think Jo Ann's father was right to say what he did?
8. What would you do if you were Jo Ann's father?

Equipment/Materials/Resources

Reproduce story of Jo Ann and Eddie

Variation

The problem-solving technique can be applied to this dilemma. (pages ix-xii).

| Content Area | Motivating Questions/Statements |
|---|---|
| III. Developing Relationships With Parents and Other Adults<br><br>Values and Morals Parents Convey to Children | 1. What do we mean by the terms values and morals?<br>2. What reaction do you have when someone you admired sets a poor example?<br>3. What is an effective way for parents to guide the moral development of their children? |

Objective

To enable participants to see the relationship of their own moral and ethical standards to lessons they have learned from their parents

Processing Opportunity "Once Upon a Time" Time 20-60 min.

Ask each participant to think of one incident involving themselves and a parent which had a positive or negative effect upon a particular value (honesty, achievement, reliability) which they hold.

Divide the participants into groups of four. Ask the participants to relate their incidents in the form of a short child's story - "Once upon a time there was a little girl who went to the store for her mother. She was given too much change by the cashier. When she arrived home and gave her mother the change her mother said 'Aren't you lucky the cashier gave you more change than you should have received'!" Have the participants in the small groups discuss with each other the lesson learned from the incident, and feelings (then and now) surrounding the incident.

All the stories could be written or tape-recorded so that students would have an opportunity to hear each story.

Questions for Discussion

1. What have been the dominant sources of moral education in your life?
2. How do we develop our values?

Equipment/Materials/Resources

Tape recorder

| Content Area | Motivating Questions/Statements |
|---|---|
| III. Developing Relationships With Parents and Other Adults<br><br>Factors Which Inhibit Discussion About Sex Between Teens and Their Parents | 1. What is the most important or valuable advice that a parent or other adult has given you?<br>2. If you could give your child only one guideline about sexuality, what would it be? |

Objective

To examine some of the personal qualities needed to establish an understanding of the need for a trust relationship to comfortably discuss sexuality.

Processing Opportunity Kevin Time 30-45 minutes

Have participants form small groups (6-8) to view film. Have the reporters list on newsprint group answers to question 3. Discuss with the entire group the qualities people look for in a trust relationship.

Questions for Discussion

1. Why was Kevin's father so uptight?
2. Why do you think Kevin had no questions?
3. What could Kevin's father have done that would have encouraged Kevin to ask questions?
4. When you want to share something very personal whom do you choose to talk to and why?
5. What would be some good, fair [illegible] parents could give young people when they begin to date?
6. What was the most important advice anyone ever gave you?

Equipment/Materials/Resources

Films: Kevin, Loving Parents
Newsprint, butcher paper, crayons
Pamphlet for teachers and parents
"Sex Education At Home"

Variation

The problem-solving model may be applied for this dilemma.

| Content Area | Motivating Questions/Statements |
|---|---|
| III. Developing Relationships With Parents and Other Adults<br><br>Developmental Tasks of Youth | 1. What helps you feel grownup?<br>2. What decision have you made on your own that you were very proud of? |

Objective

To outline the steps at different stages of development which eventually lead a child to independence

Processing Opportunity "The Road to Independence"

Time 30 min.-1 hr.

Divide participants into 3 groups. Direct each group to list the major steps toward independence for a designated age group birth to 6, 6 to 12, and 12 to 18.

Remind the group that small accomplishments such as crawling, feeding oneself, tying shoes, etc. are steps to independence.

After the lists are completed the participants can create a road to independence by writing the various steps on pieces of paper cut in the shape of footprints and attaching them to a long piece of butcher paper. The different age categories should be designated on the road.

An alternate road could be created with pictures depicting the various milestones such as a baby feeding himself, teens having fun with the caption "first boy-girl party" or a picture of a "first date."

Questions for Discussion

1. What milestones have you had in your life so far?
2. What milestones do you expect in the future?
3. What are some of the alternatives that might occur?
4. What was the most important accomplishment? Most difficult?
5. Which accomplishment requires the most help from parents?
6. Which accomplishment provides the greatest sense of freedom and independence?

Equipment/Materials/Resources

Butcher paper — Appendix E
Pattern of footprint
Construction paper
Magazine pictures
Rubber cement
Masking tape to attach road to the wall

Variation

The facilitator lists on the chalkboard the categorical headings: birth to 6, 6 to 12, and 12 to 18. The entire class participates by naming the major steps towards independence for each category.

Divide the class into three groups with each group representing a category of development. Instructions will include each group answering the listed questions. (See discussion questions)

The class will resume with individual group presentations. The class will allow sharing of similar or different experiences after each presentation.

| Content Area | Motivating Questions/Statements |
|---|---|
| IV. Developing Relationships With Peers<br><br>Choosing Friends, Peer Group | 1. Why does one person become an acquaintance and another person a friend?<br>2. Do you agree with Charlie Brown's definition of friendship "A friend is someone who likes you." |

Objectives

To differentiate between an acquaintance and a friend
To become aware of characteristics we look for in our friends

Processing Opportunity "Social Atom" Time 45 minutes

Give each student a copy of the Social Atom. Explain that each person should complete the Atom privately and that it will not be shared in class. The Atom will help students identify characteristics of their personal friendship preferences.

Ask students (in small groups) to develop characteristics of people who are close friends, good friends and so-so friends.

In a large group, each small group should have an opportunity to share characteristics of friends.

Questions for Discussion

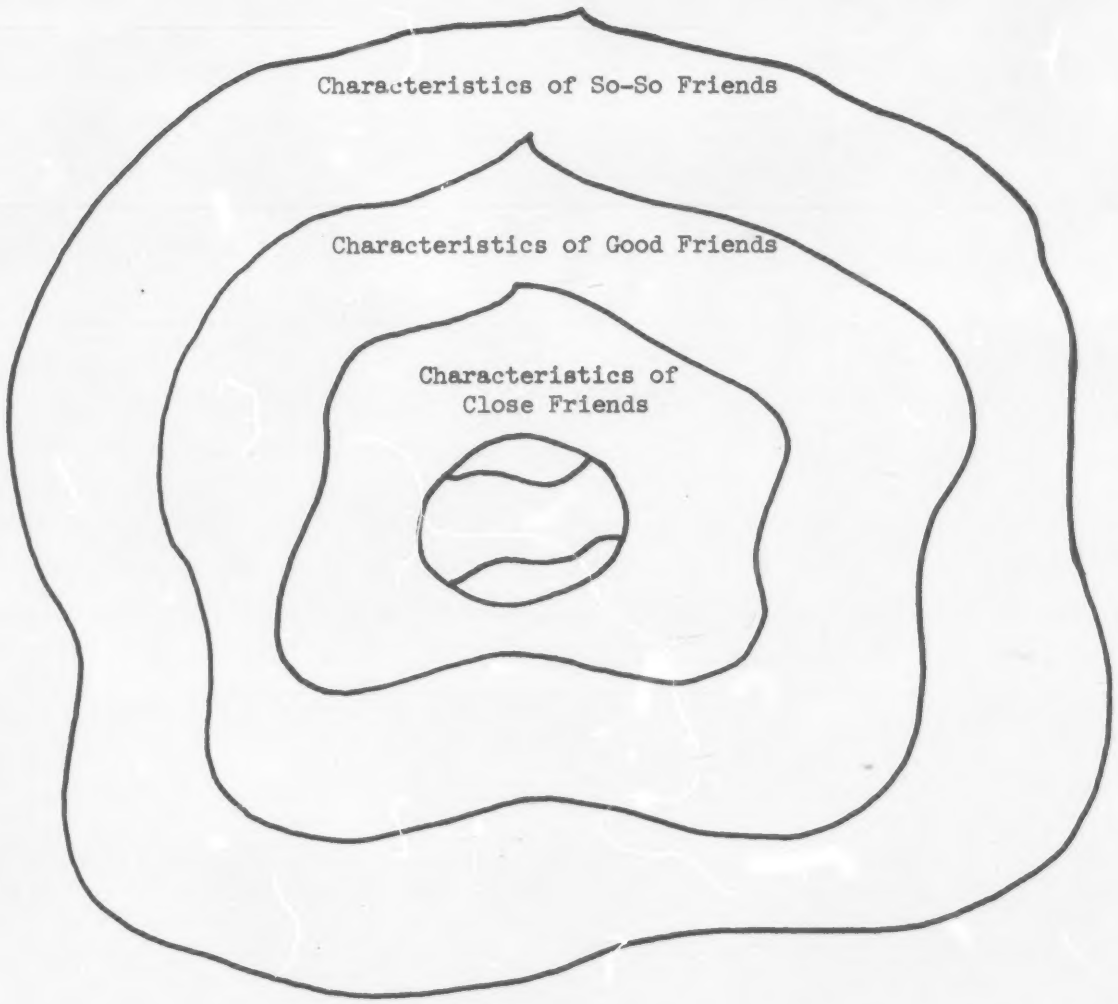
1. What are some qualities your close friends possess?
2. How do you know when you are being a good friend to someone?

Equipment/Materials/Resources

Copy of Social Atom for each student.

Directions: List characteristics of Close Friends, Good Friends, and So-So Friends. Feel free to include parents and adults.

Social Atom
Friendships



| Content Area | Motivating Questions/Statements |
|---|---|
| IV. Developing Relationships With Peers<br><br>Developing Relationships With Members of the Opposite Sex | 1. How do you develop a relationship with members of the opposite sex?<br>2. How do you know that someone is interested in developing a relationship? |

Objective

To determine the verbal and non-verbal clues for developing relationships

Processing Opportunity "Boy Meets Girl - or is it Girl Meets Boy?" Time 15 minutes

Ask the groups to brainstorm possible ways: to develop friendships with members of the opposite sex, to ask someone for a first date, to meet at a boy/girl party, or to meet someone you see at a drugstore. Suggest that one person write the ideas for discussion purposes. After a few minutes ask the group to role play some of the ideas listed. Role playing should include verbal as well as non-verbal clues.

Questions for Discussion

1. What are some non-verbal clues for developing relationships? e.g. Way you look at someone, bright eyes, smile, wink.
2. What are other clues? e.g. Keep seeing this person, conversation, interests, etc.

Equipment/Materials/Resources

None

| Content Area | Motivating Questions/Statements |
|---|---|
| IV. Developing Relationships With Peers<br><br>Dealing With Peer Pressure | 1. What is meant by conformity? non-conformity?<br>2. All of us do some things just because "everyone is doing it". think of one of your behaviors which is done to follow the crowd. |

Objective

To suggest ways of dealing with peer pressure when confronted with situations contrary to one's values

Processing Opportunity "Peer Pressure" Time 40 minutes

Ask students to solve these two dilemmas using the problem-solving method.

The facilitator may want to point out to students that "everyone is doing it" is a common ploy used by one teen to influence another. Teens should be aware that 50% of female teens seventeen and younger have not had a sexual experience.

Introductory Story "Prove Yourself"

Bill was nine years old and had just moved into the neighborhood. After a few days he met the other boys his age in the neighborhood and started doing things with them. The group decided that Bill had to prove himself to the group by lifting something worth $10 from one of the large discount stores.

Discussion Questions

1. What should Bill do?
2. How do you think he felt?
3. What kinds of pressures were on Bill?
4. What would you do?

Introductory Story "Everybody's Doing It"

Jim, a very popular fellow at school, picks up Susie, a new girl in school, for a date to see a movie. After the movie Jim suggests that a drive down by the river might be fun. Susie agrees, but wants to make sure she will be home by 11:00. They park and begin kissing. Susie stops Jim from touching her breast and explains that she is not ready for this. Jim responds that she is different than most of the girls in school. In fact, Jim explains, most girls go all the way after a few dates. He asks her why she is such a prude.

Discussion Questions

1. How do you think Susie felt?
2. What should she do?
3. What kind of a guy is Jim?
4. How do you feel when peer pressure is exerted on you? How do you cope with it?
5. At what points in your development do you feel you are/were most susceptible to making decisions based on peer pressure?

Equipment/Materials/Resources

Copies of story "Prove Yourself" and "Everybody's Doing It" for each student
Pamphlet: "Teen Sex? It's O.K. to Say No Way"

| Content Area | Motivating Questions/Statements |
|---|---|
| IV. Developing Relationships With Peers<br><br>Dealing With Peer Pressure | Can you think of an event or person which has had a dramatic effect on your life? |

Objective

To write/verbalize the idea that most decisions that one makes have an effect on other people, and personal decisions are often influenced by others.
Processing Opportunity "Making Decisions" Time 30-45 min.

Distribute the following activity sheet titled "Making Decisions." Ask students to complete the chart privately.

Making Decisions

| | Who or What Influences Your Decisions |
|---|---|
| 1. Clothes to wear | |
| 2. Hair style | |
| 3. Food to eat | |
| 4. Classes to take in school | |
| 5. Friends to have | |
| 6. Whom to date | |
| 7. Movies to view | |
| 8. What to read | |
| 9. Curfew | |
| 10. How far to go sexually | |

Group students (3's or 4's) to discuss the chart for 5 to 10 minutes. Encourage students to take the items one at a time and give each person a chance to discuss his/her point of view.

In a larger group, the facilitator should select items from the chart to discuss with the class. Initial reactions usually indicate that individuals have a lot of freedom to make decisions for themselves. After discussion the group

or facilitator will point out that one's decisions are usually affected by others, e.g.

1. Clothes to wear are affected by styles, peer group, and money.
2. Classes to take in school are determined by the school system.
3. Friends you have are determined by mutual interests and/or proximity.
4. Movies to view can be determined by standards established in community (R and X ratings).
5. Person's view of self and future affected by family, friends, teachers, etc.

Questions for Discussion

1. Are the decisions we make affected by others?
2. What are the positive and negative aspects of being affected by others?
3. Discuss appropriate sources of information for numbers 2, 4, 9, and 10 in the previous activity.

Equipment/Materials/Resources

Reproduce "Making Decisions"

| Content Area | Motivating Questions/Statements |
|---|---|
| IV. Developing Relationships With Peers<br><br>Expectations of Dating Where, With Whom, Under What Conditions, etc. | 1. What characteristics do you look for in a person? In a member of the opposite sex?<br>2. What does it mean to date? |

Objective

To identify and explain factors that influence the dating process

Processing Opportunity "Pick A Date" Time 30-40 minutes

Provide a set of questions to the person (boy or girl) who is the one to "pick a date." Have three people of the opposite sex for this person to "interview" as a prospective date. The person choosing a date asks each of the three people two questions. After hearing the answers he/she must choose the person that he/she believes best answers the questions. The interviewer then tells the group why he/she picked that person.

The class may disagree with the interviewer's choice. Controversy is not to be discouraged. Have the class discuss the choice after each set.

There are no set answers to the questions; therefore, the "dates" being interviewed must answer impromptu. Interviewers may wish to choose a set of questions which a parent might like to ask if they could choose their child's date.

Questions for Discussion

1. How do you decide: Where to go on a date, when to come home, whether the date will be single, double, or in a group?
2. When should a person begin dating?
3. What issues regarding dating continually surfaced in the questioning regardless of who asked the questions?

Equipment/Materials/Resources

3 x 5 index cards with questions

## Suggested Questions for "Pick A Date"*

Questions for Girls to use to interview boys:

1. What do you like best about dating?
2. If someone tried to flirt with me while I was out with you, what would you do?
3. How do you feel about going steady?
4. If I like you a lot, but my parents don't , how would you go about changing their minds? Would you try to change their minds?
5. What would you do if I called you and asked you out for a second date?
6. What do you like or dislike about blind dates?
7. What do you like to do best on a date?
8. How do you react to a girl who always seems to choose the most expensive items on the menus or suggests that you go to expensive concerts, etc.?
9. What types of gifts do you choose for a girl you are dating a lot?
10. What do you do when you know you are getting a girl home long past her curfew?

Questions for Boys to use to interview girls:

1. What do you like and/or dislike about double-dating?
2. Where do you most like to go on dates?
3. What is your reaction when a guy tries to kiss you on the first date?
4. If you found that you were very bored after we had been together a few hours, what would you do?
5. Suppose you really like me, how would you let me know?
6. If another guy tried to flirt with you while you were out with me, what would you do?
7. What would you do if I started flirting with someone else while we were out together?
8. If it appeared that I was not going to get you home on time, what would you do?
9. If I did something on the date which you did not approve of such as drinking too much or using drugs, what would you do?
10. If we really like each other, but your parents do not like me, what would you do?

Questions a Mother would like to ask her son's date:

1. What do you like most about my son?
2. How do you feel when the boy says that he has a curfew?
3. How does your family feel about my son?
4. What would you do if you became really bored on a date with my son?
5. How would you act if he tried to go "farther" sexually than you wanted to?
6. If I invited you to come to our house for dinner what are some things you would do while you were here? What are some things you would not do?
7. Where do you want to go on your first date with my son?
8. What would you do if my son drank too much on a date with you?
9. How do you feel about going steady?
10. What type behavior would make you decide after one date that you would not go out with my son again?

Questions Parents might like to ask their daughter's date:

1. How important do you think it is to have her home on time? What reasons do you think should be considered for not getting her home on time?
2. What would you do if you realized the two of you were not able to meet her curfew deadline?
3. How would you behave if she flirted with someone else while she was out with you?
4. If we invited you for dinner, what are some things you would not do in our home? What are some things that you would do while visiting us?
5. What do you consider as good reasons for breaking a date with any girl?
6. If you really like our daughter, but we ask you not to see her anymore, what would you do?
7. Where are you going on this first date? How will you get there?
8. If her curfew is earlier than yours what will you do?
9. What characteristics do you look for in a date?
10. Would you go dutch treat with my daughter?

*Adapted from "Rate Your Date" Forecast/For Home Economics, December 1978.

| Content Area | Motivating Questions/Statements |
|---|---|
| IV. Developing Relationships With Peers<br><br>Setting Limits in Male and Female Relationships | 1. Who set limits on dates?<br>2. How do boys react when girls set limits?<br>3. How do girls react when boys set limits? |

Objective

To express a personal attitude about setting limits for sexual activity in male and female relationships.

Processing Opportunity "Setting Limits" Time 30 minutes

Following a brief introduction/discussion on the meaning of the phrase "setting limits," write one of the position statements listed below on the board. Divide class into groups and instruct them to list as many reasons as they can think of which support the position statement. Have groups share their lists. Then have groups make another list of reasons which speak against the position. Have groups share these lists also. Following discussion ask students to take a stand by writing their personal decision and indicating why they agree or disagree. You may want several volunteers to read their decisions or collect them and read several at random ensuring anonymity.

Possible position statements:

1. It is the girl's responsibility to set limits on dates!
2. It is the boy's responsibility to set limits on a date!
3. Girls manipulate boys on dates to get what they want in the way of gifts and places to go!
4. Sex is the only thing boys think about on a date!
5. Being in love is a good enough reason for having sex!
6. Kissing on the first date is a mistake.
7. One reason a girl should set limits on a date is to preserve her good reputation.
8. There is something wrong with a boy who sets limits on a date.

Questions for Discussion

1. How do parents, religious beliefs, etc. influence our personal standards of behavior?
2. How do you define sexual responsibility?
3. Do males and females have different codes of sexual conduct?
4. What accounts for the differences which might exist?
5. Does age make a difference in setting limits?

Equipment/Materials/Resources

Copies of "Setting Limits"
Newsprint and crayons

| Content Area | Motivating Questions/Statements |
|---|---|
| IV. Developing Relationships With Peers<br><br>Setting Limits in Male and Female Relationships | 1. Why do people say "yes" when they really mean "no"?<br>2. What happens sometimes when people try to be really open and truthful? |

Objective

To identify barriers and bridges to open communication.

Processing Opportunity "What's To Understand?" Time 45 min.

Show trigger film: What's To Understand?

Remind students that people often say one thing when they really mean something else. On the chalkboard write down reasons why it is hard to tell people what we really think. Reasons may come from the group and the leader.

Separate students by sex. Have small groups of boys make lists of misconceptions which they believe girls have about boys. Have small groups of girls make lists of misconceptions that boys have about girls. Have one person in each group write the lists on newsprint which can be displayed later.

Discuss with the entire group ways to overcome these misconceptions.

Questions for Discussion

1. Do you think males and females understand each other well?
2. Why do you think they often misunderstand each other?
3. What can be done so they will understand each other better?
4. How do you define sexual responsibility?
5. Do males and females have different codes of sexual conduct?
6. What sexual outlets other than intercourse might Floyd and Laura have?

Equipment/Materials/Resources

Newsprint and crayons
Film: What's To Understand

Variation

The problem-solving model may be applied to this dilemma (pages ix-xii).

| Content Area | Motivating Questions/Statements |
|---|---|
| IV. Developing Relationships With Peers<br><br>Ways Couples Can Show They Care | How do people show they care? |

Objective

To explain physical and verbal ways that couples can express their feelings of love and affection.

Processing Opportunity "Caring" Time 30-40 minutes

Have students bring in pictures illustrating many aspects of caring, i.e., mothers feeding or loving babies, people exchanging gifts, couples talking to each other and embracing, etc.

Have each student present his/her picture to the class and give a brief explanation about how this picture illustrates caring. Also, have the students describe what the people in the pictures may be feeling such as happiness, sense of security, joy, gratitude, etc.

Make a list of the many ways of caring and the emotions people feel.

Questions for Discussion

1. What makes some people affectionate and others more reserved?
2. How important is sex in a caring relationship?
3. Are there any negative behaviors which people use to show they care? Explain.

Equipment/Materials/Resources

Newsprint, crayons or
Chalkboard and chalk
Magazines and pictures if students do not have access to pictures at home

Variation

Make a list of the many ways of caring and the emotions people feel. Lists may be divided into separate categories such as: ways to care for self, ways to care for family (parents), ways to care for friends, ways to care for someone of the opposite sex (sweetheart).

| Content Area | Motivating Questions/Statements |
|---|---|
| IV. Developing Relationships With Peers<br><br>Defining Moral Standards | 1. How are moral standards developed in our society?<br>2. Who influences the development of moral standards? |

Objective

To define and illustrate personal moral beliefs.

Processing Opportunity "I Believe" Time 50 minutes may be an outside activity.

Divide students into small groups and ask each group to create a collage reflecting moral standards. Encourage students to include favorite quotes or song titles, or find pictures which illustrate ideas they value.

Have each group explain its collage to the entire group.

Compile a master list of moral standards, i.e., truth, loyalty, virtue, faithfulness, etc.

Questions for Discussion

1. What one moral precept (rule) has your family emphasized?
2. What moral standard would you consider the most important to convey to your own child?
3. What have been some major influences upon your moral development?

Equipment/Materials/Resources

Poster board or large sheets of construction paper,
Rubber cement or glue
Crayons, magazines and pictures

| Content Area | Motivating Questions/Statements |
|---|---|
| IV. Developing Relationships With Peers<br><br>Differences in Moral Standards Today and in the Past | 1. How do you think moral standards have changed since your grandparents were young?<br>2. Why do you think certain standards have changed? |

Objective

To explore examples of changing moral values.

Processing Opportunity "Life in the Good Old Days"

Time 45 minutes

Invite a representative from the "grandparent generation," the "parent generation," and a teenage couple to discuss teenage moral standards for their respective generations.

Prior to the panel ask the students to discuss what they believe to be some major changes in moral standards from their grandparents' time until now.

Have students write down questions they would like to ask grandparents, parents, and friends about dating behaviors and moral standards.

Questions for Discussion

1. What are the major similarities and differences in moral standards today and in the past?
2. Are there any standards of the "Good Old Days" which would be helpful for young people today?
3. What reasons can you give for the change in moral standards?

Equipment/Materials/Resources

Paper and pencils
Appendix H

| Content Area | Motivating Questions/Statements |
|---|---|
| IV. Developing Relationships With Peers<br><br>Cultural Differences | 1. What is meant by cultural differences?<br>2. What attitudes do people sometimes have about these differences? |

Objective

To compare and contrast lifestyles, values, beliefs, attitudes and practices of various ethnic groups.

Processing Opportunity "My Family, Your Family"
Time 1 1/2 hrs. + (Depends on amount of research)

Divide students into small groups of six to eight. Ask each group to research the customs and traditions of family life in a particular ethnic group. Examples of customs to be researched include: marriage rites, birth celebrations, puberty customs, etc. Ethnic groups which could be studied include: Puerto Rican, Chicano, Chinese/American, White Anglo-Saxon Protestant, Afro-American, Jewish, Eskimo, Aztec.

Reports will be shared with the class.

Guests representing various ethnic groups could be invited to class to answer prepared questions about their cultures.

This activity requires research on the part of the facilitators and participants. See Appendix I for source suggestions.

Questions for Discussion

1. How do the needs of the family determine the moral standards of the family?
2. What are some moral values which are held by most Americans?
3. Have you learned anything about stereotypes from this activity?
4. Do you, your parents and grandparents share certain beliefs and/or behaviors?

Equipment/Materials/Resources

Chalkboard and chalk
Newsprint and crayons
Appendix I

| Content Area | Motivating Questions/Statements |
|---|---|
| IV. Developing Relationships With Peers<br><br>Defining Sexual Responsibility | 1. What does the word "responsibility" mean?<br>2. What characteristics describe a responsible person?<br>3. What good or positive consequences can result from a problem pregnancy?<br>4. What are the consequences of irresponsible behavior? |

Objectives

To define and give examples of the concept of sexual responsibility.

To identify both positive and negative effects of irresponsible sexual behavior.

Processing Opportunity "Searching for a Solution"

Time 30 minutes

Show the film Wayne's Decision.

Have students make a list of all the solutions they believe are open to Wayne. Then ask each person to star the solution he/she would choose.

Divide students into small groups of no more than five. Have each small group list as many solutions as they can for Wayne's dilemma. Have the small groups vote on the best solution and the best alternate solution and list the reasons for their choices.

Have all students meet together and reporters from each group share their choices and the reason for the solutions they chose.

Each student will then compare this with his/her own original choice to see if this is how he/she would solve Wayne's problem.

Questions for Discussion

1. In what ways do you believe Wayne is acting in a responsible manner?
2. In what ways do you believe Wayne is acting in an irresponsible manner?
3. In which ways do you think Wayne's parents' behavior is responsible or irresponsible?
4. If this were Wayne's sister facing an unwanted pregnancy, how would the parents have reacted?
5. What is the most serious problem that Wayne and Donna face?
6. Where can teenagers go for help with a problem pregnancy?

Equipment/Materials/Resources

Paper and pencils
Appendix J
Film: Teenage Father
I'm Seventeen ... I'm Pregnant, and Don't Know What To Do
Pamphlets: "Pregnancy, Teenagers and the Law, 1976"
"The Hassles of Becoming a Teenage Parent"

Variations

The problem-solving technique can be applied to this dilemma. (pages ix-xii).

Have students list the new ideas or concepts Wayne and Donna could learn from the experience with the problem pregnancy. Lists should include learning about the need for birth control, learning that parents do care, learning to communicate more fully with parents, learning about responsiblilities of parenthood.

Have small groups plan role plays to dramatize some of the problems the students have listed. Students should be guided to include medical problems, social problems, economic problems. The leader may want to assign each group a specific problem to save time. Discuss what Wayne and Donna may learn from facing these different problems.

| Content Area | Motivating Questions/Statements |
|---|---|
| IV. Developing Relationships With Peers<br><br>Consequences of Sexual Behavior | 1. What happens to people who are irresponsible with sex?<br>2. What are some possible reasons why people behave irresponsibly about sex? |

Objective

To analyze risks involved in irresponsible sexual behavior.

Processing Opportunity "Growing Up" Time 30-40 minutes

Give students a copy of the following story about a teenage mother.

Jo Ann is a 17-year-old teenage mother who lives with her grandparents. Because of her growing impatience with the baby, Jo Ann's grandparents have taken over the care of the child. Her grandparents are always telling Jo Ann to stop behaving like a child. Jo Ann has difficulty relating to her family and friends. She has a bad temper and was once suspended from school for fighting with a classmate. Recently she was seen with an older woman known to be a prostitute. She is determined to do anything to be "grownup."

Questions for Discussion

1. How does Jo Ann define "grownup"? What is real/fantasy about her definition? What is good about being grownup?
2. What may be the legal consequences of Jo Ann associating with a known prostitute? Could Jo Ann have any other legal problems?
3. What are some other reasons you have heard young girls give for wanting to become teenage mothers?
4. What are some problems Jo Ann may be having with her grandparents?
5. What physical and psychological risks exist for Jo Ann's child?

Equipment/Materials/Resources

Newsprint and crayons
Chalkboard and chalk

| Content Area | Motivating Questions/Statements |
|---|---|
| V. Preparation for Marriage and Parenthood<br><br>Concepts of Marriage | 1. Why do most people want to get married?<br>2. How do people in America feel about persons who do not marry? |

Objective

To explore varying American attitudes toward marriage and single life.

Processing Opportunity "Bachelors, Spinsters, and Married Folks-Happiness Inventory"

Time 35 minutes

Explain to students that this activity is designed to help them discover some attitudes people have about married and single people.

Divide students into small groups (6-8). Pass out Happiness Inventories. For each item in the inventory have the student check the group which he/she believes is the happiest, healthiest, etc. Provide each small group with a tally sheet.

On newsprint or chalkboard write a large tally sheet. Have one person from each small group report the classification that received the most checks for each category.

Discuss with the entire group the attitudes towards marriage indicated by the results of the Happiness Inventory.

Questions for Discussion

1. Do you think married people are happier?
2. What are some positive and negative ways that we describe single men and women?
3. What attitudes in society today makes it easier for single women to be happier than they might have been in the past?
4. What attitudes in society make it easier for a man to remain single?

Equipment/Materials/Resources

Happiness Inventory and Tally Sheets
Pencils, newsprint or chalkboard
Crayons or chalk

Note: Paul Landis notes in Making the Most of Marriage that selecting a mate by the American "love method" is no easy task. Teenagers need to be aware of this difficulty. The dating system in this country may sometimes inhibit the selection of a stable marriage partner. A "good date" does not always have the characteristics which are conducive to long-term relationships, yet dating is a way of mate selection. Too much cultural emphasis is placed on beauty and sex appeal in a dating partner. Younger teens place great value on dating people with material status i.e., teens who can acquire the right clothes or car.

As 90% of Americans marry, some of the realistic factors which contribute to marital success should be discussed with students. These factors include economic stability and partners having similar social class, educational, racial, moral and religious backgrounds. The risks of teenage pregnancy and early marriage as they increase the possibility of marriage dissolution should be emphasized.

HAPPINESS INVENTORY

| | SINGLE | | MARRIED | |
|---|---|---|---|---|
| | Men | Women | Men | Women |
| HEALTHIER | | | | |
| WEALTHIER | | | | |
| MORE OPPORTUNITY FOR TRAVEL | | | | |
| MORE SOCIAL LIFE | | | | |
| LOOK MORE ATTRACTIVE | | | | |
| HAVE MORE POWER | | | | |
| HAVE MORE FREEDOM | | | | |
| ARE MORE OPTIMISTIC | | | | |
| LIVE LONGER | | | | |
| MORE EMOTIONALLY STABLE | | | | |
| GET BETTER JOBS | | | | |
| ARE CONSIDERED MORE DEPENDABLE | | | | |
| BETTER DRIVERS | | | | |

| Content Area | Motivating Questions/Statements |
|---|---|
| V. Preparation for Marriage and Parenthood<br><br>Readiness for Marriage | 1. What do you think is an ideal age for men to marry? Women?<br>2. What qualifications other than age should a person think about before getting married? |

Objectives

To formulate guidelines for determining readiness for marriage.

To define factors which can enhance one's chances for success in marriage.

Processing Opportunity "Should This Marriage Begin"

Time 50 minutes

As an introduction for this activity, acquaint students with the title of a regular feature in the Ladies Home Journal called "Can This Marriage Be Saved?" Point out that our society expends a great deal of energy in trying to heal sick marriages, but less effort is applied to preventing trouble in marriage. Note that there are some factors which if present are more likely to insure success in marriage.

Present the group with narrative descriptions of 3 or 4 couples contemplating marriage. Presentation can be implemented with the use of tape recordings or role play, or just reading the descriptions. Copies of the narratives would facilitate decision-making in the small groups.

After the narratives are presented, divide the group into triads. Have each triad decide which couple should begin marriage and why. After a report is given from each triad ascertain the majority opinion. List factors on newsprint or chalkboard which students felt qualified the couple as ready for marriage.

Questions for Discussion

1. What factors are the most important in deciding that a couple is ready to marry?
2. What are the negative aspects which might bring about future conflict? (Apply to the narrative chosen by the group.)
3. Why would waiting for a while be advantageous for some couples?
4. Should a couple live together before marriage? Why? Why not?

Equipment/Materials/Resources

Tape recorder, tapes
Copies of narratives
Newsprint or chalkboard
Chalk or crayons
Appendix K

Ann Becker and Jeff Adams

Ann

Hi, I'm Ann Becker. Jeff and I have been going together since the ninth grade. Except when we had that fight last year we haven't even dated anyone else. Mom always hoped that I'd marry a doctor or lawyer or someone important, but she and Dad do like Jeff. They have to admit he's been a real hard worker. So what if he's only a gas jockey now. He's had that mechanics course at school and Mr. Jakes at the service station plans to let him work helping the regular mechanic after graduation. We may never be rich, but Jeff really enjoys working on cars, and I bet someday he'll have his own station. It's not as if I'm helpless either. I've had that part-time office job, and with the business course I've had I shouldn't have any trouble getting full-time secretarial work. Mom's always saying what if I should get pregnant. Jeff and I have talked about birth control. We want children someday, but for awhile we want to enjoy learning to live together. I want the wedding as soon as we both graduate. It won't be a big one, but if we get time I would sure like to camp out on our honeymoon.

Jeff

I feel at home with Ann. I know the guys always tell me how great it is to "play around," but I like being able to count on Ann. Dad and I have been close since Mom died, and we manage fine, but it sure will be nice not to have to cook so much myself. I sure love going to her house for dinner, and Ann can cook almost as good as her mother. I'm not worried about money. I'm gonna be a good mechanic, and we can live with Dad for now. He's crazy about Ann, and she gets along fine with him. After we save some then we can think about moving into our own apartment. Some day, a long way off, we'll have a family. In the meantime, any free weekends we can go camping together.

Vickie Young and Bob Davis

Vickie

My name is Vickie Young and I am so excited. I have just attended a Bride's Showcase where I saw all the latest designs for wedding clothes. Bob and I want to get married in June, but my folks think that I should wait until November when I will be 18. Bob may be transferred back to his home State and I don't want to be separated from him right before the wedding. There are so many decisions that we will need to make like china patterns, silver, flowers, etc. I've been reading all about it in Bride's Magazine. I want to be able to move with him so that I can pick out our apartment, furniture and everything. It will just save a lot of trouble if we marry in June.

Bob

At last I've found the girl I've been looking for all my life. Vickie may be only 17, but after all she's been working for some time and already has one semester of college. And she is so lovely. A man would be proud to take her anywhere, and she seems so much older than her years. In spite of what my friends say, I know this will work out. At 28, it's time I got married and started a family. It's not as if we were both teenagers. I do have a solid financial future with the company, and with the furniture I already have and the car, we've got a good start; and there's really no reason to wait. When you love someone you know they are the right one, even after 6 months.

Betty Strickland and Rick Jones

Betty

I am Betty Strickland. I guess you would say that I'm one of the statistics on teen pregnancy. My little girl Julie was born when I was 17. She's two now. I love Julie very much; she's such a sweet, pretty baby, but taking care of her and finishing school hasn't been easy. Mom has been a big help, but she says Julie is mine, and that I have to take care of her when I am not in school or working. I've been working part-time for a year now. I will be so glad when Rick and I marry, and I will have my own place. All I will have to do is take care of Julie and keep house. It'll be so great for her too. He, Rick, treats her like she was his own little girl. Sometimes he doesn't understand why she cries and gets into things. He says I should be stricter, but Rick is patient even when he gets mad. He's never spanked her or anything. I'm so proud of Rick. I can't believe how lucky I am that he asked me to marry him. He's a top salesman and makes good money. Someday he may really make it big. Mom says that 9 months is still not long enough for us to get to know each other, but I won't wait. There are not that many guys who will marry a ready-made family. It hurts that I will never be a bride in white, but I love Rick, and I'm ready to see that justice of the peace anytime he says go.

Rick

Betty is a woman; my kind of woman. Most of the gals in their 20's that I've dated have still been acting like giggly school girls. All they're interested in are clothes and careers. Women's liberation, Ugh! They'd all be better off staying home and raising kids. Julie's a cute kid. When we have one of our own you bet it is going to mind. I don't believe in beating kids, but you don't have to let them run all over you either. As soon as they set the vacation schedules at the office, I'm going to marry Betty. Thank heavens I don't have to go through all that black tie bit. We'll go to the courthouse and then take off.

| Content Area | Motivating Questions/Statements |
|---|---|
| V. Preparation for Marriage and Parenthood<br><br>Readiness for Marriage | 1. What are your attitudes about marriage?<br>2. Do boys and girls differ in their opinions and attitudes about marriage?<br>3. How do you feel about parents divorcing, dating, and remarrying? |

Objectives

To explore personal attitudes about marriage.

To encourage a discussion of feelings young people may have about their parents dating, divorcing, and remarrying.

Processing Opportunity "Friends of Carl" Time 30 minutes

Prior to showing the film tell students that they will be seeing a filmed conversation between four boys on the subject of marriage. Their names are Ted, Monty, Jeff and Raymond. Assign students to each character and have them write on a piece of paper a statement indicating what they believe to be their character's attitude about marriage. Encourage them to support their opinion with quotes from the film or comments concerning nonverbal behavior, mannerisms. Share responses and conduct a class discussion. (It may be advisable to group students according to assigned character and have them develop a group list of statements and present to class.)

Following the above discussion, ask for 4-5 volunteers or divide class into groups of fives and have them develop a skit or role-playing situation involving four girls in a discussion of marriage. Present to the class. Look for differences between their presentation and the one in the film.

Questions for Discussion

1. Early in the film Jeff said "there's more to marriage than sex." Do you agree or disagree? What do you think he meant?
2. Do you think that too much emphasis is placed on sex in marriage? Think of examples which confirm or reject this idea.
3. In this film four boys are discussing marriage. Do you think that this is typical of boys--i.e., do boys discuss marriage with other boys? Why? Why not?
4. In what ways, if any, are boys' attitudes about marriage different from girls' attitudes about marriage? Who talks and thinks more about marriage: boys or girls? Why?

5. About midway in the film Jeff said to Monty, "Lay off. Let's discuss your folk's sex life. They seem to be the hot bed of activity around here." Do you think that Monty's reaction was typical of most boys? What would happen if Jeff had said that to some of your friends? What would you have done if you were Monty?
6. In the beginning of the film Ted indicated that he couldn't go out that night because he was babysitting. Do you think his mother was right to ask him to babysit? Would you feel any different if Ted were a girl?
7. While the film focused on marriage, there were some other issues involved. What were some of these issues?
8. Adolescents do not talk about their parents' marriage or their sex lives. Do you agree or disagree? Why do young people have trouble seeing their parents as sexual beings with sexual needs and interests?
9. Do you think that divorce is a greater problem now than it was when your parents were your age? Why?
10. Was there anything about the film that you did not like? About the characters? The dialogue?

Equipment/Materials/Resources

Film: Friends of Carl
16 mm projector

| Content Area | Motivating Questions/Statements |
|---|---|
| V. Preparation for Marriage and Parenthood<br><br>Desirable Qualities in a Mate | 1. Which personal qualities in a mate do young people believe contribute to a happy marriage?<br>2. Would married couples select the same traits as factors which contribute to a happy marriage? |

Objectives

To construct a poll which measures attitudes concerning personal qualities which foster happy marriages.

To examine those qualities which young people and married couples believe contribute to a happy marriage.

Processing Opportunity "The Ideal Mate" Time

30 minutes (class time to construct poll)
30 minutes (to interview friends and parents)
30 minutes 2nd day (to discuss results)

Ask students if they are familiar with the Gallup Poll. Explain that the purpose of a poll is to determine opinion trends. Have students discuss which characteristics of a mate they believe would contribute to a happy marriage.

Divide students into coed groups of five. Ask students to generate a list of twenty characteristics which they would include in the poll. Collect the lists, and ask for four or five students to volunteer to construct the poll by using the characteristics most often mentioned by the different groups.

The poll should consist of twenty characteristics. Have the class take the poll by putting a plus sign (+) by the three characteristics they believe are most important and a minus (-) by the three characteristics they believe are least important. Ask each student to fill in the questionnaire. Tally the responses and discuss. Next ask students to poll other students in the school who are not enrolled in this program and an equal number of adults (perhaps 20 for each group). Compare the results of the three different groups. Tell students that adults should be asked to list characteristics which they would like included on the list. Look back at your questionnaire. Would you change any of your plus or minus choices? Why? Would you change any of the characteristics on the original poll? Why?

Questions for Discussion

1. Were plus choices and minus choices similar for teens and adults?
2. Which characteristics did adults want added to the poll?

| Content Area | Motivating Questions/Statements |
|---|---|
| V. Preparation for Marriage and Parenthood<br><br>Personal Choices in a Marriage Partner | 1. What is the most important characteristic you would look for in a mate?<br>2. What one characteristic in a person might convince you not to marry that person? |

Objective

To define negative and positive characteristics which people often look for in a mate when they are "in love."

Processing Opportunity "Bride of Frankenstein" Time 30-40 minutes

Before beginning this activity point out to students that people are so often concentrating on what qualities they like in a prospective marriage partner that they fail to consider negative aspects about individuals which may be particularly troublesome in a marriage relationship. Small nervous habits, for example, may seem monumental once two people are married.

Have each student prepare a description to complete the following sentence:

If I married the "Bride of Frankenstein" she would ....
If I married a Frankenstein he would ....

Students' lists can include any disliked physical trait or habit, but students should be encouraged to think of qualities which could be destructive to marriage or which would make the person a poor parent.

After the lists are complete, have the students rank the 3 items which they absolutely could not tolerate in a mate. Ask each person to suggest one negative trait for a master list to be compiled on newsprint or chalkboard. Emphasize that students are not obligated to reveal any strong personal feeling.

Categorize the master list according to the possible detriment to marriage and separate those items which are purely personal opinion i.e., skinny legs, long nose, etc.

Discuss with the group the items which can destroy a marriage, i.e., drinking, infidelity, extreme laziness, abuse, etc.

Questions for Discussion

1. What characteristics can be the most destructive in a marriage?
2. What characteristics do you think strengthen the possibilities for a long happy marriage?
3. Why should individuals not enter marriage with the idea of changing the other person?

4. Why do people not see certain things about each other until they are married?
5. Can you be sure that your mate does not possess a characteristic that can lead to the destruction of a marriage? How?

Equipment/Materials/Resources

Paper, pencils, chalkboard, chalk
Crayons, newsprint

| Content Area | Motivating Questions/Statements |
|---|---|
| V. Preparation for Marriage and Parenthood<br><br>Defining Love | 1. Do popular love songs reflect society's definition of love?<br>2. Have concepts of love changed either with time or from culture to culture? |

Objective

To compare and contrast love songs of other cultures with one's own culture.

Processing Opportunity "Love Songs" Time 60 min. class time
30 min. at home

Discuss

Are there different types of love? romantic, altruistic, physical, filial?

Are there any songs about love popular today? What do these songs tell you about the definition contemporary America has concerning love?

Do you believe during the course of time love has always been defined the way it is today? Which other cultures would you like to investigate? Suggestions include: Biblical times, the blues, Early American, 1950's songs, etc.

Divide students into five small groups. Have each group select a different period, and ask students to find love songs from the period they have selected. Sources may include the Bible, collections of sonnets, or ballads, personal record collections, library records. The facilitator may have to help gather the sources.

The students from each group will write the lyrics from two or three representative love songs. Each student will be provided with lyrics to the songs.

Questions for Discussion

1. Examine the songs and discuss how they reflect similar and different attitudes about love.
2. Which type of love (romantic, physical, etc.) do the songs reflect? Can you think of contemporary songs about the different types of love?
3. How does one know when he/she is in love?

Equipment/Materials/Resources

Record player and records or
Tape player and tapes
Appendix L

| Content Area | Motivating Questions/Statements |
|---|---|
| V. Preparation for Marriage and Parenthood<br><br>Expectations of Partners | If you were to marry, what would you expect your mate to contribute to the marriage? What would you contribute? |

Objective

To list responsibilities in marriage and determine which partner will meet the responsibilities.

Processing Opportunity "The Marriage Contract" Time 60 min.

Discussion:

1. What is a contract? Can you see a purpose to a marriage contract? Have the students discuss a style for a marriage contract. List on the board the major items students feel should be included in a marriage contract.
2. What are some major responsibilities and decisions which arise in the first years of marriage? The list may include money management, household responsibilities, number of children and how they should be reared.

Pair students (boy, girl, boy, girl) but explain that some students may have to take the part of a male or female if the group is not evenly divided.

Ask each pair to write a marriage contract which includes the major responsibilities and decisions listed in discussion question 2. Some students may decide that they could not marry because they are unable to compromise on a contract term. Have these students write as many terms they agree on and list the terms to which they could not agree.

Questions for Discussion

1. Do you think marriage contracts are a good idea?
2. Was it difficult to decide the terms of the contract?
3. Which contract term was most difficult to decide?
4. Should there be complete agreement on the contract before marriage? Why?
5. Why do you think marriages break-up?
6. What reasons have you heard couples give for caring for and loving each other for many years?
7. What do women believe is a major need in marriage?
8. What do men believe is a major need in marriage?

Equipment/Materials/Resources

Paper and pencil

Note: It should be pointed out to students that this is a time of rising divorce rates. Although only a few couples are actually writing a formal contract with one another before marriage, many couples are discussing and informally making decisions about the manner in which they will live together. This activity will enable students to give some prior thinking to decisions which often disturb married life. Here are some suggestions for terms which may be included in the contract. The students may want to use some of these items and then think of other items to be included in their contracts.

1. Which names will husband/wife take? Which last name(s) will children (if any) be given?
2. What can be the nature of relationships with others - extent of friendships, fidelity?
3. Religion, if any, to embrace. If the couple has children which religion will the children be taught?
4. Will the couple have children? Yes-no? Which type of birth control will the couple use? Could husband or wife obtain a sterilization?
5. Careers: Who will determine where the couple will live?
6. How will household tasks be divided?
7. How can the contract be terminated?
8. How will money be divided - each keep separate bank accounts and pay certain bills, or share all money?
9. Clause for reevaluation.

| Content Area | Motivating Questions/Statements |
|---|---|
| V. Preparation for Marriage and Parenthood<br><br>Factors to Consider in Planning a Family | 1. When should people have children?<br>2. Why do some couples choose not to have children? |

Objective

To identify physical, emotional and economic factors which need to be considered in planning a family.

Processing Opportunity "2:00 A.M. Ready or Not?" Time 30 min.

Have students rate themselves with the questionnaire "Are you Prepared for Parenthood?"

After completing the questionnaire, divide students into triads. Ask each triad to decide which five statements are the most important ingredients in becoming a parent.

Have triads report to the entire group on the statements which they selected as most important.

Students may want to discuss why particular items were included. For example, number six was included because a prospective parent must be prepared to get up early when the baby wakes up. Parents cannot expect to continue comfortable routines for themselves, but must adjust their routine to that which is best for their children. Number sixteen was included because parenting is not always a pleasant physical chore. It may mean changing dirty diapers and cleaning up after a sick child.

Questions for Discussion

1. What are some basic physical needs that children have that parents are responsible for providing?
2. What characteristics do "good" parents have?
3. What are some mistakes you believe parents make?
4. How many statements do you believe you could miss on the questionnaire and still be a good parent?

Equipment/Materials/Resources

Questionnaire: "2:00 A.M. Ready or Not - Are You Prepared for Parenthood?"
Filmstrip: Becoming a Parent: The Emotional Impact, Rights and Opportunities, Building a Future
Pamphlet: "Questions and Answers: Optional Parenthood Today"
Appendix M

## 2:00 A.M. READY OR NOT

## ARE YOU PREPARED FOR PARENTHOOD?

Mark statements yes or no.

1. I am not a teenager.
2. I do not get angry easily.
3. I do not think that talking baby-talk (babbling) is silly.
4. Most of the time I do not like to sleep late.
5. I can accept routine.
6. Most of the time I feel good about myself.
7. I want two full-time jobs.
8. I get along well with my mother.
9. I do not think my child should be just like me.
10. I am prepared to spend $350 per month on someone else the next 18 years.
11. I enjoy making new friends.
12. I do not get bored easily.
13. I can control my temper.
14. I do not have a weak stomach.
15. I like to play games.
16. I like to share with others.
17. I enjoy being around teenagers.
18. I am willing to grow and change.

Note: All "yes" answers indicate a mature and realistic attitude regarding children, but one may still not feel ready for parenthood. Many "no" answers indicate one is definitely not ready for parenthood.

| Content Area | Motivating Questions/Statements |
|---|---|
| V. Preparation for Marriage and Parenthood<br><br>Obligations and Responsibilities of Parenthood | 1. What are some rewards of being a parent?<br>2. What are some of the hardships of being a parent? |

Objective

To analyze attitudes and experiences related to being a parent.

Processing Opportunity "The Egg Game" Time 24 hours
Discussion: 20 min.

Each student provides a cooked egg to be cared for as a child.

The class should discuss appropriate guidelines for child care such as:

1. Keeping the egg warm, dry, and clean. Frequency for bathing, changing, etc., may be specified.
2. Being with the egg at all times or providing an "egg sitter." A limit may be placed on the time one is allowed to have a sitter.

Students may pair as two parent families or be single parents.

At the end of the designated time, discuss with the group the problems encountered such as breaking the egg (egg abuse or neglect) and feelings which resulted from the constant responsibility.

This activity can be utilized for one twenty-four hour period or extended for several days.

Questions for Discussion

1. What one essential item must a working mother provide for her child?
2. How did you feel about having to take care of the "child" egg all the time?
3. If you had trouble getting an "egg sitter," how did this make you feel?

Equipment/Materials/Resources

Cooked eggs

| Content Area | Motivating Questions/Statements |
|---|---|
| VI. Health Issues<br><br>Community Agencies and Resources | Name some agencies that can provide help for the following problems: alcohol or drug abuse, rape, contraception. |

Objective

To identify the various community agencies and their respective services.

Processing Opportunity "Seek and You Shall Find"

Time 30 minutes
15 min. at home

Listed below are situations that call for help. Read each situation and select an agency that provides a type of service that might be useful.

Situation I

David loves Carol, but hates the crowd she is with during her spare time. David can never see Carol alone without the "gang" who insist on drinking. David drinks to please Carol, but lately finds her behavior abusive and embarassing when she's with the gang. What can David do to help their relationship? Where can they go for help?

Situation II

Phillip doesn't feel as if life has anything to offer. He often wishes he could die. In fact, several problems would be solved if he were not present. Who can help Phillip?

Situation III

John and Susan have been dating for about 4 months and have had sex on several occasions. After talking, they have decided to use birth control pills. Both John and Susan are 16 years old.

Situation IV

Sarah has just received a call from her best friend Jane. Jane was so hysterical that Sarah was not certain of exactly what had happened to Jane, but it sounded as though Jane had been molested by a friend of the family. How can Sarah help Jane?

Situation V

Mark and Melva have become increasingly concerned about the development of their 2-year-old boy. He seems to be behind other children his age in sitting up alone, crawling, walking, using his hands, and talking. Where might Mark and Melva go for guidance?

Situation VI

Alex and Jill have been dating for 2 years and have just broken up. Jill has just missed her period and is most concerned. She doesn't know where to turn at this time. She is 15 years old.

Situation VII

Sylvia enjoyed being pregnant and looked forward to being a mother. Sylvia loves her baby, but hates to hear her cry. When the baby cries, she feels so angry that she runs to the store or walks outside for awhile. The baby is alone in the house and her trips have become longer. Sylvia feels this is better than hitting her baby. Can Sylvia receive help? From whom?

Situation VIII

Karen has just discovered she is pregnant. After very careful consideration she has decided she would like to give up her baby for adoption. Where can Karen turn for help?

Situation IX

After having sex with two different girls, Bill developed a small sore in the genital area. The sore disappeared in a couple of weeks, but a friend told Bill he should get checked for VD. Where might Bill seek help?

Situation X

Joe and Jo Anna married after Jo Anna became pregnant. After the baby was born, it developed several illnesses which drained the already limited money. Joe and Jo Anna began arguing and having marital problems. Where could they turn for help?

Questions for Discussion

1. What was the problem in each of the situations?
2. What agencies might provide help? List the telephone numbers and addresses for agencies mentioned.
3. Will information be kept confidential if you seek the services of an agency?
4. What services can an individual who is underage receive from the various agencies?

Equipment/Materials/Resources

Pamphlets and brochures from local agencies

| Content Area | Motivating Questions/Statements |
|---|---|
| VI. Health Issues<br><br>Venereal Disease | 1. What are the possibilities of contracting VD?<br>2. Do you think the incidence and dangers of VD have been overrated?<br>3. What are some common misconceptions about VD? |

Objective

To differentiate between the myths and facts associated with gonorrhea, syphilis, and herpes simplex.

Processing Opportunity "What I Know About Venereal Disease"
Time 45 minutes

Tell students that venereal diseases are common among teenagers and adults. The phrase "venereal disease" means a lot of different things to different people. Some of the things you know about VD are correct, but most of us are misinformed about some aspects of VD. The purpose of this activity is to find out how much you know about VD.

Following introductory comments ask the students to take out a sheet of paper, write the sentence "What I know about venereal disease" on the top of the page, and then for 3 minutes list as many facts as they can think of about venereal disease. Emphasize that there are no right or wrong answers at this point.

Two suggestions are given for processing this information.

1. Divide class into groups of 5-7. Assign a person to be the recorder. Have students share their "What I Know" lists. Tell recorder that you will collect a composite group list. Allow about 5 minutes for this. Have each group read their list and record on chalkboard. Once this is finished, discuss the points made and correct any misinformation. If time is available, make a list of students' questions on the blackboard and assign students to answer them. Also list on the board what students would like to know. Cluster questions which are similar and assign to a group.
2. Call on a student to read his/her list and record on the board. Go around the room until all the different facts are listed. You may prefer to discuss comments as they are made or wait until the list is complete before allowing time for discussion. (The later method will usually be more effective in revealing misinformation and for involving less knowledgeable students.) Once list is complete conduct class discussion on disagreements, etc. Next, list what students would like to know. Cluster questions around common topics. Assign to students or groups or invite experts to answer questions.

Questions for Discussion

1. Should venereal diseases really be considered communicable diseases?
2. What can be done to prevent VD?
3. Can VD affect an unborn child?
4. What should you do if you suspect you have VD?
5. What are some of the common myths concerning the various venereal diseases?

Equipment/Materials/Resources

Paper and pencils
Film: VD Every 30 Seconds
Appendix N

Variation

Discussion of the facts and myths regarding VD may be initiated by giving a short true/false test. Emphasize to students that the test is to help them discover if they have learned any misinformation about VD. Sharing information with other group members is permissible. After most students have completed the test, ask for a group opinion before giving the correct answer to each question. In this manner the major points about VD can be presented without a formal lecture.

# VD TRUE OR FALSE TEST

Place a T or F by the number of each statement about VD.

1. VD is spread by kissing.
2. If not treated syphilis may turn into gonorrhea.
3. There are more cases of gonorrhea each year in the United States than any other communicable disease.
4. A person with VD will have symptoms all of the time.
5. If you get syphilis and see a doctor he/she can cure you all of the time.
6. The symptoms of gonorrhea are always painful for both men and women.
7. If a man and woman both get gonorrhea the woman will notice symptoms first.
8. A man who has gonorrhea will have a discharge from the penis.
9. One of the symptoms of syphilis is a sore on the sex organs.
10. Once you have had syphilis or gonorrhea you cannot catch it again.
11. If a pregnant woman has syphilis and it is not treated her baby is certain to be born with syphilis.
12. Venereal disease affects only people who are careless about being clean.
13. A negative blood test always means you do not have VD.
14. VD education in the schools will make adolescents curious and cause them to experiment with sex.
15. Herpes II can be easily cured by a physician.

## ANSWERS

| | | | | |
|---|---|---|---|---|
| 1. F | 4. F | 7. F | 10. F | 13. F |
| 2. F | 5. T | 8. T | 11. F | 14. F |
| 3. T | 6. F | 9. T | 12. F | 15. F |

| Content Area | Motivating Questions/Statements |
|---|---|
| VI. Health Issues<br><br>Contraception | 1. What are the various types of contraceptives available?<br>2. Do you know how the various methods work? |

Objective

To list the methods of contraception and the advantages and disadvantages of each.

Processing Opportunity "Contraception - Choice, Chance, and Responsibility" Time 45 minutes

Have each student rank order each contraceptive method listed below. Use 1 as the most effective, 2 as the second, etc. Once the student has rank ordered each method, have them break into small groups and list as many advantages and disadvantages as they can concerning each type of contraceptive method.

| | |
|---|---|
| _____ Pill | _____ Rhythm |
| _____ Diaphragm | _____ Tubal Ligation |
| _____ Foams & Creams | _____ Condom |
| _____ IUD | _____ Vasectomy |
| _____ Withdrawal | _____ Abstinence |

Questions for Discussion

1. What seems to be the most logical method of birth control?
2. What method poses the biggest danger/risk of pregnancy occurring?
3. Does the male have an obligation to use a contraceptive? Why? Why not?

Equipment/Materials/Resources

Reproduce list of Appendix O
Contraceptive Methods, invite a guest speaker from local Planned Parenthood or Health Department
Films: Hope Is Not a Method, The Choice is Yours, Methods of Family Planning
Pamphlets: "Contraception," "Modern Methods of Birth Control"

Note: An indepth discussion about birth control would be conducted with the class either preceeding or following the chart activity. (See Appendix O).

| Content Area | Motivating Questions/Statements |
|---|---|
| VI. Health Issues<br><br>Contraception<br><br>Choosing a Contraceptive Method | 1. When selecting a contraceptive method, what considerations are involved?<br>2. Why would a sexually active individual who does not want to become pregnant not use birth control? |

Objective

To identify factors affecting the selection of birth control.

Processing Opportunity "Which One, The Right One" Time 30 min.

Give each student a Planning Board, the Criteria for Contraceptive Decision Making. Have the student list the criteria in rank order with number 1 being the one he/she considers as the most important to 12 being the least important. Then have students break into small groups to discuss their selections. After the small group discussion, have reports from each one and discuss the criteria with the entire group.

Questions for Discussion

1. What were the most important considerations in selecting a contraceptive technique?
2. How were male and female lists similar/different?
3. What are the other factors to consider?
4. Would age make a difference in selection of a contraceptive technique?

Equipment/Materials/Resources

Reproduce Planning Board and Criteria for Contraceptive Decision Making
Appendix O

PLANNING BOARD

| | |
|---|---|
| 1. | 7. |
| 2. | 8. |
| 3. | 9. |
| 4. | 10. |
| 5. | 11. |
| 6. | 12. |

Factors affecting contraceptive decision making (for use as playing pieces):

My partner approves of the method

My partner likes the method

It is reversible

It is highly effective in preventing pregnancy

It does not interfere with lovemaking

It has no health risks

It is inexpensive

It can be obtained without others knowing

It takes little time or effort to obtain

It isn't messy

If it fails, my life won't fall apart

It is natural

I don't have to talk with my partner about it

Both my partner and I use it

I/we don't have to plan ahead

Reprinted by permission.
1977, Planned Parenthood of
Whatcom County, Bellingham, WA.

| Content Area | Motivating Questions/Statements |
|---|---|
| VI. Health Issues<br><br>Human Genetics | 1. How are physical and mental characteristics inherited?<br>2. What can be done to prevent and treat genetic diseases? |

Objectives

To define terms having to do with human genetics.
To list some diseases which are transmitted genetically.
To create an awareness of the difficulties handicapped persons may experience.

Processing Opportunity "The Special Child" Time 1 hour

Start a discussion on human genetics by asking the class about children or adults they know who have physical disabilities or are mentally handicapped. Ask them to describe the person, his or her family, and the problems the condition causes. Example: problem of adult misunderstanding, other children teasing, difficulty in participating in games with other children, the child or adult's problems such as repeated illnesses, hospitalization, embarrassment about the problem, etc.

After several cases have been explained, ask the students if they can list diseases/disorders which are hereditary or run in certain families. Some students may be able to describe a condition, but not know the proper name. List these conditions also. List all the conditions given, even the incorrect ones. Ask for explanations of the cause of each disease or disorder given.

Following this brief question and answer period (no more than 5 minutes) explain that this presentation is about genetic diseases and shows how specially trained doctors and medical geneticists can help people with diseases that run in families.

Be sure to point out that genetics is not an easy subject to understand and certain parts of the presentation might sound complicated. You should emphasize the overall concept that certain people are more at risk than others and each student should watch for diseases which may apply to them.

Show filmstrip: From Generation to Generation: Genetic Counseling

Questions for Discussion

1. What are some physical characteristics you have inherited from your mother? Father?
2. What are some genetic diseases that show up more often in certain ethnic groups and races? (Examples: Tay-Sachs disease, Jewish people; Sickle cell anemia, Black people with ancestry in a particular area of Africa; Cystic fibrosis, White people of northern European ancestry).
3. Should couples who have an hereditary disease have children? Explain. If so, where can they go and what can they do for help?

Equipment/Materials/Resources

Filmstrip: From Generation to Generation: Genetic Counseling
Appendix P
Pamphlets: "Tay Sachs Disease"
"Sickle Cell Anemia"

| Content Area | Motivating Questions/Statements |
|---|---|
| VI. Health Issues<br><br>Prenatal Care | 1. What factors can you name that might have an influence on a baby before it is born?<br>2. What can the father do to help insure that the developing baby is born healthy? |

Objective

To identify the steps which can be taken to enhance the health of the developing fetus.

Processing Opportunity "Ways I Can Help During Pregnancy" Time 30 minutes

Give each student a copy of "Ways I Can Help During Pregnancy"

Ways I Can Help During Pregnancy

| If I am the Father | If I am the Mother |
|---|---|
| | |

Ask the student to list as many factors that might affect a pregnancy and what they might do to enhance the proper development of the baby. Encourage the students to think of factors in the categories of helping physically, emotionally, socially and environmentally. Some examples might be:

| Male | Female |
|---|---|
| Encourage mother not to smoke by giving up smoking himself.<br>Encourage prenatal check-up by going with mother to doctor.<br>Reassure mother she is attractive when pregnant. | Stop smoking.<br>Have regular scheduled prenatal check-up.<br>Avoid medication if possible.<br>Avoid environmental hazards.<br>Follow proper nutrition.<br>Don't use alcohol and drugs.<br>Be alert for VD - have possibility checked. |

Questions for Discussion

1. What are the factors affecting the health of children before and after birth?
2. What personal choices does the individual have to help insure optimum good health for an unborn child?
3. What are some of the reasons couples cannot have children?

Equipment/Materials/Resources

Reproduce "Ways I Can Help During Pregnancy"
Film: Human Growth III
Pamphlet: "Hi Mom," "Be Good to Your Baby Before it is Born"
Appendix Q
Appendix R

| Content Area | Motivating Questions/Statements |
|---|---|
| VI. Health Issues<br><br>Prenatal Care | 1. What can an expectant mother do to improve her chances of having a healthy baby?<br>2. How and why do birth defects occur? |

Objective

To list three measures couples can take to insure the birth of healthy children.

Processing Opportunity "Having Healthy Children" Time 1 hr.

Write the questions listed below on the blackboard or type on a handout and distribute to class. Assign questions to students prior to showing the filmstrip More Than Love. Following the filmstrip ask students to share their answers and discuss.

1. What is the difference between a fetus and embryo?
2. Describe the rapid growth of the embryo in its first 40 days.
3. Why are the first 3 months of pregnancy the most vital?
4. What factors in one's mode of life long before parenthood might influence his or her children's health?
5. What defects might be traceable to heredity? Can anything be done to prevent these?
6. What environmental factors might cause such defects? How can these be prevented?
7. What kinds of diagnostic aids are available today which were unknown a generation ago?
8. Why should self-medication of any kind be avoided?
9. What is a premature baby and what may cause premature birth?
10. What questions might a doctor ask of both prospective parents?
11. What questions might prospective parents ask the doctor?
12. If a child is born with a birth defect, how can this be discovered? What can be done for the child?

Questions for Discussion

1. Why do women under 18 years of age run a greater risk of having premature babies or babies with birth defects?
2. Why do you think women continue to violate proper health habits before and during pregnancy?
3. Should a person with abnormalities in the family health histories marry and have children? Explain.

Equipment/Materials/Resources

Filmstrip: More Than Love
Appendix R

| Content Area | Motivating Questions/Statements |
|---|---|
| VI. Health Issues<br><br>Childbirth | 1. What is meant by the term "childbirth"?<br>2. Can you describe the sequence of events that take place during childbirth? |

Objective

To describe the events that occur during childbirth.

Processing Opportunity "The Big Event" Time 20 minutes

Listed below are events which take place during the birth process. Have the students divide into small groups and have the students place the events under the proper stages.

The Big Event

| Stage I | Stage II | Stage III |
|---|---|---|
| | A. Bag of water breaks | |
| | B. Placenta delivered | |
| | C. Episiotomy done | |
| | D. Baby's forehead moves into birth canal | |
| | E. Baby moves into birth canal | |
| | F. Baby delivered | |
| | G. Baby moves through birth canal | |
| | H. Placenta is cut | |
| | I. Cervix dilates (enlarges) | |

Questions for Discussion

1. Do the events just described always follow the same sequence?
2. What is meant by the term Caesarean section?

Equipment/Materials/Resources

Reproduce "The Big Event" and sequence of birth events
Films: Nan's Class, Have A Healthy Baby: Labor and Delivery, and The Story of Eric
Appendix R

# APPENDIX A

## GROWTH AND DEVELOPMENT AT PUBERTY

### THE PUBESCENT MALE

I. Attainment of Reproductive Capability (Average Age 12-18)
   A. Pituitary gland releases a hormone FSH.
   B. FSH hormone activates testes to begin manufacturing sperm and other hormones which regulate body changes.

II. Body Changes at Puberty
   A. Gain in height and weight
   B. Voice change
   C. Growth of body hair
      1. Underarms
      2. Around genitals
      3. Chest (sometimes)
      4. Face
   D. Broadening of shoulders and strengthening of muscles
   E. Growth of penis and testicles
   F. General body growth spurt
   G. Muscular development

III. Development of Seminal Fluids and Resultant Seminal Emissions (wet dreams)

IV. Grooming Considerations
   A. Body odor
   B. Acne

V. Increased Sensitivity to Sexual Stimulation

VI. Psychological Implications
   A. A period of rapid change which may result in stress.
   B. Late or early physical development may create additional adjustment problems.
   C. A time of isolation into a subculture with distinctive language, dress, and manners.
   D. A time of searching for identity.
   E. A time to assert independence from parents.

THE PUBESCENT FEMALE

I. Onset of Menstruation and Reproductive Capability (Average onset 11-13; average maturity 17-18)
   A. Hypothalamus 2 years prior to onset of menstruation secrets a substance "releasing factors". These substances travel to the pituitary.
   B. Pituitary gland produces a hormone FSH.
   C. FSH activates ovaries to produce sex hormones and stimulates the growth of ovum.
   D. Sex hormones produce estrogen which helps the growth of breasts and genitals.

II. Body Changes at Puberty Prior to Menstruation
   A. Body hair growth
      1. Underarms
      2. Around genitalia
   B. Pelvic area widens
   C. Breasts enlarge
   D. Uterus, tubes and vagina enlarge
   E. General body growth spurt

III. Menstruation (*See section on menstruation for details)

IV. Menstruation begins as estrogen is produced as it instructs the body to produce lutenizing hormone (LH). LH triggers ovulation and indirectly causes the uterus to develop the lining which is shed as menstrual blood.

V. Increased Sensitivity to Sexual Stimulation

VI. Grooming Considerations
   A. Body odor
   B. Acne
   C. Menstrual supplies (sanitary belts, pads, tampons)

VII. Psychological Implications
   A. A period of rapid change which may result in stress.
   B. A time of isolation into a subculture with distinctive language, dress, and manners.
   C. A time of searching for identity.
   D. A time to assert independence from parents.
   E. Late or early physical development may create additional adjustment problems.

# APPENDIX B

## MALE AND FEMALE ANATOMY AND PHYSIOLOGY

### MALE TERMS

1. Anus - the opening from which solid waste materials leave the body
2. Circumcision - removal of foreskin of penis
3. Cowper's Glands - two small glands near the prostate which secrete a fluid which neutralizes the acidity in the urethra. Also referred to as bulbourethral glands
4. Cremaster - muscles that raise and lower testes
5. Ejaculation - the expulsion of semen (slang - "coming")
6. Epididymis - network of tiny tubes that connect the testicles with the sperm duct.
7. Erection - stiffening and enlargement of the penis
8. Genital Organs - the reproductive organs
9. Glans Penis - head of the penis
10. Homosexuality - sexual relations, either overt or psychic, between individuals of the same sex
11. Impotence - inability to achieve or maintain erection
12. Interstitial Cells - cells in the testicles that produce male sex hormones
13. Masturbation - self stimulation of the genital organs
14. Nocturnal Emission - involuntary male orgasm and ejaculation of semen during sleep
15. Orgasm - the peak or climax of sexual excitement
16. Penis - the male organ of sexual intercourse
17. Potent - capability to perform sexual intercourse
18. Precoital Fluid - alkaline fluid secreted by Cowper's gland to neutralize the urethra
19. Prostate - gland that surrounds the urethra and secretes a fluid during ejaculation
20. Prostatitis - inflammation of the prostate gland
21. Retrograde Ejaculation - ejaculation into the bladder
22. Scrotum - pouch which contain the testicles
23. Semen - secretion which is ejaculated from male reproductive organs
24. Seminal Vesicles - secrete a fluid that is part of the semen
25. Smegma - a thick, cheesy, ill-smelling secretion under the foreskin of the penis in an uncircumcised male
26. Sperm - a mature reproductive cell
27. Spermatogenesis - process of sperm formation
28. Sterility - the inability to produce offspring
29. Testicles - the male sex glands, also referred to as testes.
30. Testosterone - male testicular hormone that induces and maintains the male secondary sex characteristics
31. Urethra - duct through which urine and sperm pass
32. Vas deferens - ducts that lead from the testicles to the urethra through which the sperm pass
33. XY-Chromosome - male sex determining chromosome

THE MALE REPRODUCTIVE SYSTEM

I. Anatomy and Physiology
   A. Gonads - In prenatal life special sex cells are set aside from other cells of the body.
      1. These cells are called gonads and develop into testes.
      2. Testes - begin to evolve the 7th or 8th week of prenatal life.
      3. During the 8th or 9th month of prenatal life, they move downward into a sac-like pouch called the scrotum.
   B. Scrotum -
      1. Has two main functions
         a. To contain the testes
         b. To regulate temperature -
            The temperature must be regulated so sperm can be produced. Sperm can be produced only if the temperature is 1.5 to 2° below body temperature.
      2. Scrotum has two methods for regulating temperature:
         a. Sweat glands
         b. Muscles (cremasteric) that raise and lower the testes according to the temperature
   C. Testes
      1. Two major functions:
         a. To produce male sex hormones
         b. To produce sperm
      2. The testes are approximately equal in size with the left testes hanging somewhat lower than the right.
   D. Hormones
      1. Hormones play a very important role in the development of anatomical maleness. Two hormones from pituitary called FSH (follicle stimulating hormone) and ICSH (interstitial cell stimulating hormone) send hormonal order to the testes to produce sperm and male sex hormone.
      2. Testosterone - Testes produce testosterone which is the primary male sex hormone.
      3. When testosterone is released into the blood, the following male secondary characteristics are brought about:
         a. Longer and heavier bones
         b. Larger muscles
         c. Thicker and tougher skin
         d. Deep voice
         e. Increased metabolism
         f. Baldness in later life
   E. Spermatogensis
      1. Begins at about 12 years of age and takes place in the testes.
      2. Sperm formation requires approximately 74 days and is not affected by sexual activity.
      3. Spermatogenesis is a process whereby small cells are stimulated by hormones (FSH, ICHS, and testosterone) to grow into mature sperm.
   F. Epididymis
      1. Comma-shaped structure found on top of the testes.
      2. Sperm pass into the epididymis where a small quantity is stored.

THE MALE REPRODUCTIVE SYSTEM

G. Vas Deferens
   1. Passageway for sperm. Also the location where most sperm are stored.
   2. Each vas is about 45 centimeters.

H. Seminal Vesicles
   1. Add fluid to the sperm at time of ejaculation.
   2. Two vesicles (one on each side of the body).

I. Ejaculatory Duct
   1. Duct that leaves seminal vesicles and joins with the vas deferens to form one common duct known as the ejaculatory duct.
   2. Ejaculatory Duct passes into prostate gland to the urethra.

J. Prostate Gland
   1. A gland which lies just beneath the bladder.
   2. Produces several chemicals which aid sperm in their attempt to fertilize an ovum.
   3. The fluid from prostate has the important function to neutralize the acid vagina.

K. Cowper's Glands (Bulbourethral)
   1. Two small glands that open into the urethra.
   2. Produce a fluid that neutralizes the urethra. Secretions usually precede ejaculation and may contain sperm and thus lead to conception.

L. Penis
   1. Composed of three cylinders which contain erectile tissue.
   2. Erection is obtained when the erectile tissue is filled with blood.
   3. The head of the penis is called the glans.
   4. The glans is covered by a fold of skin called foreskin.
   5. When foreskin is removed, it is called circumcision.

M. Urethra
   Tube-like passageway extending from the bladder through the prostate gland where it is joined by the ejaculatory duct.

N. Ejaculation
   1. Male ejaculate averages three milliliters in quantity and is called semen.
   2. Average age of first ejaculation is 13 years and 10 months.
   3. 25% of males have experienced ejaculation by age 12.

O. Semen - contains the following:
   1. Sperm
   2. Secretion for the seminal vesicles
   3. Secretion from the prostate gland

P. Sperm
   1. Sperm can live up to 72 hours in the female reproductive system.
   2. Sperm travel at a rate of 1 to 5 millimeters per minute.

FEMALE TERMS

1. Amenorrhea - absence of menstruation
2. Bartholin Glands - two tiny glands located on the side of the entrance to the vagina
3. Birth Canal - the vagina
4. Cervix - the neck of the uterus that opens into the vagina
5. Clitoris - highly sensitive tissue just above the opening of the vulva
6. Coitus - sexual intercourse
7. Corpus luteum - yellow mass that forms after ovulation which secretes a hormone.
8. Dysmenorrhea - painful menstruation
9. Estrogen - female hormone that brings about secondary sex characteristics
10. Fallopian Tubes - tubes running from the ovaries to the uterus. Fertilization occurs here.
11. Follicle Stimulating Hormone - stimulates the development of the ovum
12. Gonad - a sex cell
13. Graafian follicle - small sac in which the egg matures and is discharged
14. Gynecologist - doctor specializing in female problems
15. Homosexuality - sexual relations, either overt or psychic, between individuals of the same sex
16. Hymen - covering of skin over the vagina
17. Intercourse - sexual union of the male and female
18. Labia Majora - large outer lips of the female genitals(vulva)
19. Labia Minora - the inner lips of the female genitals(vulva)
20. Luteinizing hormone - stimulates the formation of the corpus luteum
21. Menarche - the onset of menstruation
22. Menopause - the cessation of menstruation
23. Menstruation - discharge of blood from uterus through the vagina
24. Obstetrician - doctor specializing in care of women during pregnancy
25. Os - opening of cervix
26. Ovary - the female sex gland
27. Ovulation - the release of a mature ovum from one of the graafian follicles of an ovary
28. Ovum - egg
29. Progesterone - hormone which helps prepare uterus for a fertilized egg
30. Urethra - tube through which urine passes from the bladder
31. Uterus - pear shaped organ in which fetus develops (the womb)
32. Vagina - canal that receives penis and through which an infant passes; birth canal
33. Vulva - external sex organ of the female
34. XX Chromosome - female sex determining chromosome

THE FEMALE REPRODUCTIVE SYSTEM

I. Anatomy and Physiology
   A. External parts
      1. Labia Majora
         a. large outer lips (folds of skin) of the vaginal opening
         b. help provide protection for the vagina
      2. Labia Minora
         a. small inner lips (folds of skin) of the vaginal opening

THE FEMALE REPRODUCTIVE SYSTEM

b. help provide protection for the vagina

3. Clitoris
   a. located above the urethral opening at the point where the labia meet
   b. area of the most sensitivity to sexual stimulation
4. Urethral Opening - opening for the passage of urine
5. Vaginal Opening
   a. opening of organs for sexual intercourse
   b. outlet for menstrual flow
   c. opening of birth canal

B. Internal Parts
1. Vagina
   a. the place where intercourse occurs
   b. the birth canal
   c. menstrual flow passes through to the outside
2. Cervix
   a. opening to uterus - actual opening called the Os
   b. protrudes into the uppermost part of the vagina
3. Uterus
   a. pear-shaped muscular organ
   b. located in pelvic region
   c. lining given off each month (menstruation)
   d. baby develops in during pregnancy
4. Fallopian Tubes
   a. where fertilization occurs
   b. ovum passes from the ovary to the fallopian tubes
5. Ovaries
   a. produces female sex hormones, estrogen and progesterone
   b. releases an ovum each month after puberty
   c. produces an ovum or egg; ovaries alternate producing the ovum
      i. if not fertilized, dissolves and is absorbed
      ii. sometimes more than one ovum produced
      iii. release of the ovum is called ovulation
      iv. uniting of the sperm and the ovum is called fertilization

II. Menstruation
A. One of the first signs of puberty
B. Onset varies - age 8-16
C. Periodic shedding of lining of uterus
D. Length of cycle varies - average is 28 days
E. Menstruation may last from 2-7 days
F. Sanitary protection should be changed frequently
G. Bathing and cleanliness of the genitalia are extremely important during menstruation
H. Menstruation ends at menopause about 45-55 years of age.

# Complex Process Delineates Sex

APPENDIX C

RESEARCHERS ANALYZE NEW THEORIES ON SEX DIFFERENCES

By JANE E. BRODY

WHAT makes one person male, another female? Increasingly sophisticated studies indicate that the answer lies in a complex chain of events that determines one's genital anatomy, reproductive potential and, perhaps, one's sexual identity and behavior as well.

The studies — ranging from manipulations of animal sexual development to research on what may turn out to be the brain's ultimate "sex center" — are calling into question some long-held beliefs about what makes a man or a woman and are shedding new light on how the process can sometimes go awry.

The research explains, for example, why some people born with the male complement of sex chromosomes develop as normal-looking females, and why others, conceived as females, are born with masculine-appearing sex organs. Furthermore, it suggests that the tendency for some people to develop homosexual or transsexual identities may have a biological basis.

**Some Startling Findings**

Among the more startling findings are that there is no such thing as "male hormone" and "female hormone," and that all creatures would have femals anatomy were it not for the production of a masculinizing mix of hormones at a critical time in prenatal development.

The story of sexual differentiation of the body and brain, as outlined by researchers in the field, shows that at each step in the process, which takes place before birth in the human and in most other mammals, something must happen to create a male. If any one of those changes does not occur, the embryo develops as a female.

"This need for the male to have 'something more' in the right amounts and at the proper times explains why males are generally more vulnerable to sexual-differentiation errors than females," said Dr. John Money, a psychologist and sex researcher at Johns Hopkins Medical Center in Baltimore.

His clinical research has uncovered a wide range of mishaps that can befall the human fetus. For example, there are genetic males that look exactly like females because of an inherited insensitivity to masculinizing hormones. "They are nearly always raised as girls and never think of themselves as anything but girls," Dr. Money said. "They marry and function as sexually normal females, even though every cell in their body carries the male XY chromosome complement."

In some cases, Dr. Money said, there is a partial insensitivity to the hormones that results in a normal-looking boy who tends to be quieter and less competitive than other boys.

And there are genetic females who mistakenly received masculinizing hormones before birth, either because of drugs given to the mother during pregnancy or because of an abnormality of the hormone-producing adrenal glands. These female fetuses may develop male genital organs and be labeled boys at birth. In cases of less complete masculinization, they may look like girls but show extreme tomboyish behavior as children. Dr. Money is also finding that when such women mature, they are more likely than others to express bisexual or lesbian feelings.

By contrast, boys who have this adrenal syndrome and receive excessive amounts of masculinizing hormones tend to be ultramasculine, showing no homosexual tendencies at all, Dr. Money said.

**Brain Differences Studied**

It is not yet known whether there are significant differences between male and female brains other than in areas of the brain that control reproductive hormones and sexual behavior. Research in this area is concentrating on rats, because only the sexual anatomy of the rat is differentiated at birth; the programming of the brain occurs later for the most part.

Dr. Roger Gorski and his colleagues at the University of California in Los Angeles, among others, are studying male and female brains to determine just how they may differ in structure and function. "Most people don't realize that the brain is an important sex organ," Dr. Gorski remarked. "Apart from its role in responding to sensory input, it's important in controlling hormones that influence sexual behavior and function."

The Los Angeles researchers are concentrating on a tiny organ at the base of the brain called the hypothalamus. Previous studies have indicated that this organ is intimately involved in sexual and reproductive behavior. The hypothalamus produces a substance called gonadotropin-releasing factor, which stimulates the nearby pituitary gland to send a message to the sex glands to produce their own hormones.

Though the programming of the brain is still understood only partially, the sequence of anatomical sexual development is now fairly clear. As described by Dr. Money, it occurs as follows:

An egg, which always contains an X chromosome, may be fertilized either by a sperm bearing the Y, or male, sex chromosome, or by one bearing an X, or female, chromosome. The result is either an XY or an XX embryo.

All embryos, whether XY or XX, start out sexually "neutral." They contain two sets of embryonic tissue, one to construct a complete anatomical male and the other a complete anatomical female. The sex chromosomes play their major role — perhaps their only role — early in gestation when the Y chromosome in the genetic male dictates the development of testes out of the embryo's undifferentiated gonads.

According to recent discoveries by Dr. Stephen S. Wachtel and colleagues at Memorial Sloan-Kettering Cancer Center in New York, the action of the Y chromosome is mediated through a substance called H-Y antigen, which is

found on the surface of cells in genetic males, presumably of all species.

The male testes start producing hormones — relatively large amounts of testosterone (the so-called male hormone) and smaller amounts of progesterone (the so-called pregnancy hormone) and estrogen (the so-called female hormone). This is the masculinizing hormone mix that causes rudimentary tissues in the male fetus to develop into internal and external male sex organs. At the same time, the testes produce an inhibiting hormone that blocks the development of female sex organs.

If there is no H-Y antigen, no testes develop. Instead, the XX, or female, embryo develops ovaries from the undifferentiated gonads. The female produces the same three hormones as the male, but in different proportions — far more estrogen and progesterone than testosterone. There is mounting evidence that in both men and women, testosterone is the hormone that stimulates sexual desire.

Hormones produced by the ovaries apparently play no role in determining a female's fetal sex organs. Rather, it is the absence of masculinizing hormones that makes this happen. In fact, a female fetus without ovaries will still develop female sexual anatomy.

Experiments in rats have shown that male rats castrated at birth or exposed prenatally to hormones or to such drugs as phenobarbitol, which partly block the effects of masculinizing hormones, are more likely to exhibit female sexual behavior.

**Environmental 'Triggers'**

Dr. Money believes these are examples of a "threshold" phenomenon in which prenatal hormones determine how strong a triggering event it takes to provoke masculine or feminine sexual behavior. It seems as if the parts of the brain involved in sexuality can be primed before birth to make the individual more or less sensitive to certain kinds of environmental triggers. If this is true, a male fetus that got too little masculinizing hormone or a female fetus that got too much might be more susceptible than others to environmental influences that provoke homosexual behavior.

---

Reprinted with permission from Tuesday, December 19, 1978, issue of New York Times.

---

# Behavior Is Shaped Largely By Culture

By BOYCE RENSBERGER

SOME say that men and women have the same mental abilities, that under the same circumstances there is no difference in the way they behave.

Others contend that heredity makes men different from women, both in the way they think and the way they behave.

Both views are mostly fantasy. The latest scientific evidence, largely confirming the findings of the past, indicates that there are significant mental and behavioral differences between men and women. The evidence suggests, however, that nearly all the differences are caused by cultural tradition, not heredity.

No consensus exists on what the differences are or how they can be measured, but there is substantial evidence suggesting that, at least in American society, males and females, on the average, behave differently in several ways. Here, drawn from the scientific literature, are the areas of difference on which there is widespread agreement among behavioral scientists:

¶Women are more likely than men to express their emotions and display empathy and compassion in response to the emotions of others.

¶Men as a whole are more skillful than women at visually perceiving the spatial, or geometric, features of objects. A typical test of this ability involves matching a drawing of an object with the correct drawing of the object from another angle, or as it would be if rotated in space.

¶Girls score higher than boys on tests of verbal ability, such as comprehension and production of language, analogies and spelling. Most evidence shows that this difference appears during adolescence and widens, at least through high school.

¶A similar developmental difference holds for mathematical abilities, except that in this case boys achieve the higher scores. This may be a result of boys' superior visual-spatial ability, a capacity useful in solving some mathematical problems.

¶Females tend to be more anxious than males about risking failure. When they do fail, they are more likely to blame themselves. When males fail, they tend to blame others.

¶Boys tend to be more physically active than girls, doing more running and jumping. At play, they range farther than do girls.

Although some behavioral scientists would add that males are more aggressive than females, there is considerable disagreement over how to measure aggression.

For one thing, if boys are more physically active their display of aggression is likely to be more obvious than the display of girls who, being more verbally proficient, may express their aggression in words. Two boys tusseling on the playground may be on closer terms and feeling less aggression than two girls who are simply talking or giving each other "the silent treatment."

Nonetheless, some researchers feel genetic factors may account for the apparently greater tendency of males to display aggression.

"I don't think there's any question that there are sex differences in behavior. There's just too much evidence to deny it," said Dr. Helen H. Lambert, an expert on brain hormones at Northeastern University in Boston who describes herself as a feminist. Dr. Lambert has written extensively on sex differences for journals of science and publications of the women's movement.

"A lot of feminists don't want to hear what I have to say," Dr. Lambert went on. "Denying that there are differences is a losing tactic. You can't deny that there are certain biological differences. These may extend to behavior as well. But I don't grant that biological differences are a legitimate basis for unequal social rewards."

A key point stressed by Dr. Lambert and others is that in every case the differences are between the average scores for groups of males and females. For any behavioral trait, there is a wide range of degrees or frequencies of expression in each sex and there is a wide overlap between ranges.

For example, boys are more active on the average than girls, but most boys and most girls have activity levels in the middle range. The difference between the sexes as groups comes at the extremes of activity — the female sex will have more representatives whose activity level is low and the male sex will have more whose level is high. It is therefore impossible to infer the behavior of individuals from statistics for a group.

Perhaps the best known document on this subject is a 1974 book, "The Psychology of Sex Differences," by Eleanor Emmons Maccoby, chairman of the psychology department at Stanford University, and Carol Nagy Jacklin, a Stanford psychologist.

They reviewed more than 2,000 books and articles on sex differences in motivation, social behavior and intellectual ability and concluded that the preponderance of evidence pointed to just four areas of real difference: males are more aggressive, females have superior verbal ability, males excel at visual-spatial tasks and males are better at math.

In addition the researchers believed that the evidence was sufficient to reject eight myths about sex differences. They concluded that the sexes do not differ in sociability, suggestibility, self-esteem, motivation to achieve, facility at rote learning, analytic mindedness, susceptibility to genetic or environmental influences or response to auditory or visual stimuli.

The fact that sex differences exist does not explain what causes them. Although the debate has tended to assume that the causes must be purely genetic or purely environmental, few things in human development can be ascribed to one cause without the influence of the other.

From the moment of conception, the development of every individual is subject to environmental influences that may limit or channel the expression of genetic potentials. Moreover, environmental influences can produce physical changes as permanent as those dictated by genes.

It is well established, for example, that infant animals raised in deprived environments enter adulthood with smaller brains and fewer connections among brain cells.

Although there is no solid proof either way, most experts attribute sex differences in human behavior almost entirely to environment, from parents who consciously treat boys and girls differently to a child's natural tendency to imitate the behavior of adults of the same sex.

Therapists who treat children born with ambiguous genitals have found that psychological disaster usually follows attempts to switch the sexual identity of a child after the age of 18 months.

One of the classic works on this issue is the late Margaret Mead's 1935 comparison, in "Sex and Temperament," of three New Guinea tribes. Among the Arapesh, she wrote, "we found men as well as women trained to be cooperative, unaggressive, responsive to the needs and demands of others." Among the Mundugumor very different behaviors were encouraged in both sexes. "Both men and women developed as ruthless, aggressive, positively sexed individuals, with the maternal cherishing aspects of personality at a minimum," she wrote.

In the third tribe, the Tchambuli, Dr. Mead wrote, "we found a genuine reversal of the sex-attitudes of our own culture, with the woman the dominant, impersonal, managing partner, the man the less responsible and the emotionally dependent person."

From her study of these three cultures, Dr. Mead concluded, "we no longer have any basis for regarding such aspects of behavior as sex-linked."

Yet, according to Dr. Lambert, there is recent evidence suggesting that at least some sex differences may have a genetic basis. One may be the superior visual-spatial ability of males. Another, in Dr. Block's view, is aggression which tends to be more frequently expressed among males. She distinguishes aggression from hostility and defines it as "an active, assertive, dominating approach to the world."

---

Reprinted with permission from Tuesday, December 19, 1978, issue of New York Times.

---

APPENDIX D

DEVELOPMENTAL TASKS IN TEN CATEGORIES OF BEHAVIOR OF THE INDIVIDUAL DURING ADOLESCENCE*

| | EARLY ADOLESCENCE (pubescence to puberty) | LATE ADOLESCENCE (puberty to early maturity) |
|---|---|---|
| I<br>Achieving an appropriate dependence-independence pattern | 1. Establishing one's independence from adults in all areas of behavior | 1. Establishing one's self as an independent in an adult manner |
| II<br>Achieving an appropriate giving-receiving pattern of affection | 1. Accepting one's self as a worthwhile person really worthy of love | 1. Building a strong mutual affectional bond with a (possible) marriage partner |
| III<br>Relating to changing social groups | 1. Behaving according to a shifting peer code | 1. Adopting an adult-patterned set of social values by learning a new peer code |
| IV<br>Developing a conscience | | 1. Learning to verbalize contradictions in moral codes as well as discrepancies between principle and practice, and resolving these problems in a responsible manner |
| V<br>Learning one's psycho-socio-biological sex role | 1. Strong identification with one's own sex mates<br>2. Learning one's role in heterosexual relationships | 1. Exploring possibilities for a future mate and acquiring "desirability"<br>2. Choosing an occupation<br>3. Preparing to accept one's future role in manhood or womanhood as a responsible citizen of the larger community |

(Cont'd)

| | EARLY ADOLESCENCE (pubescence to puberty) | LATE ADOLESCENCE (puberty to early maturity) |
|---|---|---|
| VI<br>Accepting and adjusting to a changing body | 1. Reorganizing one's thoughts and feelings about one's self in the face of significant bodily changes and their concomitants<br>2. Accepting the reality of one's appearance | 1. Learning appropriate outlets for sexual drives |
| VII<br>Managing a changing body and learning new motor patterns | 1. Controlling and using a "new" body | |
| VIII<br>Learning to understand and control the physical world | | |
| IX<br>Developing appropriate symbol and conceptual abilities | 1. Using language to express and to clarify more complex concepts<br>2. Moving from the concrete to the abstract and applying general principles to the particular | 1. Achieving the level of reasoning of which one is capable |
| X<br>Relating one's self to the cosmos | | 1. Formulating a workable belief and value system |

*From NEA Journal, March, 1950

## APPENDIX E

## ERIKSON'S DEVELOPMENTAL TASKS*

The following chart describes emotional development from birth to maturity in tasks. It is felt that each task must be developed at a given stage in order to develop into a well-rounded personality and to be able to have mutually rewarding relationships with others. If these tasks have not been conquered or met, one may have developed habits of action or ways of feeling and thinking that are handicaps in daily life. Some experts feel that it is virtually impossible to make up one task if it has been missed at a given age.

| APPROXIMATE AGE | DEVELOPMENTAL TASK | DESCRIPTION OF PERSON WHO IS DEVELOPING TASK |
|---|---|---|
| I<br>Birth to 1 year | Trust<br>(reliance on others) | Learns to trust, develops drive and hope, sleeps deeply relaxed, easy to feed, relaxed bowels |
| II<br>2-3 years | Autonomy<br>(ability to work by self) | Learns self-control, and self expression, develops will power, learns cooperativeness. Child who isn't developing autonomy will be self-conscious, hang his head, try to get away with things unseen, feel shame and doubt. This stage is the one where a child (adult) learns the balance between love and hate |
| III<br>4-5 years | Initiative<br>(self-reliant, enterprising) | Learns that life has direction and purpose, can understand and plan, eager to make things with others, willing to profit and learn from teachers and others |
| IV<br>5-6 years | Industry | Wins recognition by producing, completes work he has started, learns from older children. If this task is not learned, a child will feel inferior. This stage can be disrupted when the family has failed to prepare him for school life or school fails to sustain the promises of the earlier stage |

| APPROXIMATE AGE | DEVELOPMENTAL TASK | DESCRIPTION OF PERSON WHO IS DEVELOPING TASK |
|---|---|---|
| V<br>9-13 years | Identity<br>(Who am I?) | Learns devotion and fidelity, falling "in love" stage, identifies with his sex vs. role confusion about his sex |
| VI<br>14-16 years<br>(young adulthood) | Intimacy<br>(affiliation and love for others) | Ready for intimacy, affiliations, partnerships. A person who isn't developing is an isolate, avoids people, situations and contacts which might lead to intimacy, has what psychotherapy calls "character problems" |
| VII<br>Adulthood | Generativity<br>(willing to produce and help the next generation) | Concerned about establishing and guiding the next generation, cares about younger people. A person who has not developed this is more involved with self |
| VIII<br>Maturity | Ego Integrity<br>(feels good about self) | Accepts self and life cycle as being what had to be, and that by necessity, permitted no substitution. New and different love of parents. A person who has not developed this feels despair with what he is and where he is going, fears death |

*Adapted from Erikson, E.H. Childhood and Society, 2nd Ed., Norton, New York, N.Y., 1963

# APPENDIX F

## CONFLICTS BETWEEN ADOLESCENTS AND THEIR PARENTS

Leaders utilizing this curriculum will be working with adolescents from various backgrounds, therefore, the parents' needs and goals will probably be widely divergent. Whether the parents as adults are operating from what Abraham Maslow defined as growth motives or deprivation motives, their adolescent children represent a major investment of personal time, effort, and money. Regardless of other personal goals the outcome of this investment is a vital concern for all parents of adolescents.

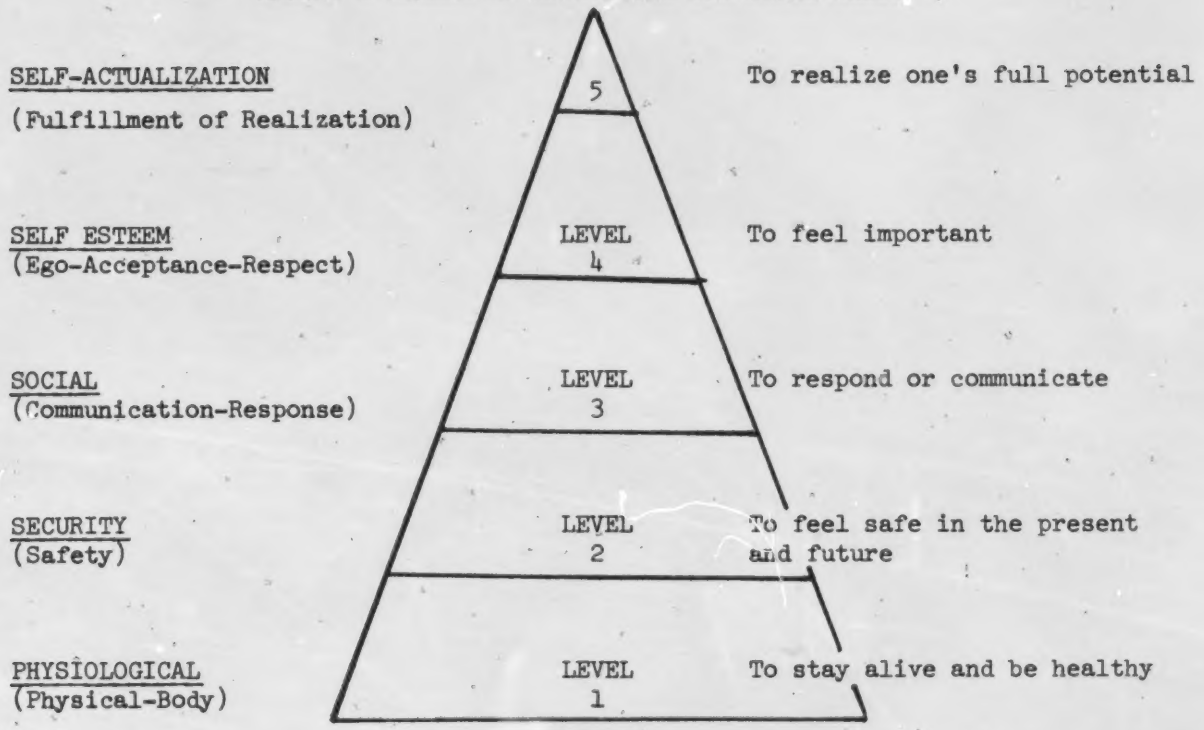
As their children seek and achieve independence, parents keenly feel that the child's behavior is a critical reflection of the parents' childrearing techniques and effort up to that point. Allowing ones' child to be independent is a crucial test which many parents are reluctant or even unwilling to face, because failure may affect both community status and personal identity. This is particularly true for the woman whose adult life has revolved around her children--the woman whose identity is centered in motherhood.

Discussion and explanation of the teenager's need to seek independence and the parents' needs to maintain status as competent parents should be beneficial to both groups.

In addition to the conflict which may arise from teens and parents having some opposing developmental tasks, teens today do differ from past generations. Dr. David Eden outlines three major differences in his book Teen Sense. These differences are: 1. Teen affluence - Because teens as a group have more money than in the past, they are a major target for commercial advertising. 2. Television - This media has vastly increased the sophistication of present day adolescents. 3. Diminished parental authority - Parents are far less authoritarian than in the past. Information and psychological studies of child development have provided more knowledge for parents, but at the same time this knowledge has made them more fearful of making mistakes. Many parents no longer trust themselves in providing teens with guidance.

APPENDIX G

MASLOW'S THEORY OF MOTIVATION AND HUMAN NEEDS*




Dr. Abraham Maslow has classified or arranged human needs, desires, urges, and drives into levels or steps. When certain basic "needs" are relatively satisfied, then "needs" on the next level begin to press for fulfillment. Dr. Maslow has divided man's drives into five main levels. These five broad needs appear in man's life in the following sequence: physical needs, security, and safety needs, social needs, ego needs, and self-fulfillment needs. The diagram above shows the levels and a brief explanation of human behavior at each of the five levels.

The five basic needs are not separate and detached; they are all within us at the same time in a hierarchy of strength. A triangle is used to represent the relative power of the needs. By their very nature, the lower the needs on the scale, the stronger the needs or drives. The lower levels must be relatively satisfied first before needs on the next level become important. When one is cold or in danger, he is not concerned with his ego satisfaction. Dr. Maslow says: "For the man who is extremely and dangerously hungry, no other interest exists but food." Only when one has satisfied his body needs, his security needs, and his social needs, will one need his "ego" uplifted.

*Adapted from Maslow, Abraham. Motivation and Personality. 2nd Ed., Harper & Row, Publisher, New York, N.Y. 1970

APPENDIX H

# The Teenage Sexual Revolution And the Myth of an Abstinent Past

*By Phillips Cutright*

Reprinted from
FAMILY PLANNING
Perspectives
Volume 4, No. 1 January 1972

*515 Madison Avenue*
*New York, New York 10022*

The notion that a generation of round-heeled teenagers is currently involved in a sexual revolution, that is, casual and generalized coition of unprecedented proportions, has engaged the sympathy, prurient envy or blind rage, but, in any case, the unquestioning belief of many adults. It is really, however, the evident fruit of nonmarital coition among the young—increasing teenage illegitimacy—which kindles the fury or the genial sympathy of their elders. The fact that the teenage illegitimacy rate* continues to increase is considered prima facie proof of increased sexual activity of revolutionary proportions. Yet there are alternative explanations for rising illegitimacy, and there are means available to estimate the breadth of the 'sexual revolution' among youth today. Careful examination may well indicate that the extent to which young unmarried people are sexually active today may not have increased very much, after all. Rather, recent health status changes may explain a great deal of the recent increase in teenage out-of-wedlock births, an increase which may be forcing society to acknowledge now what it has refused to acknowledge in the past: that such levels of teenage sexual activity do exist.

Two such health status changes are explored in this article as possible causes of rising teenage illegitimacy: those which affect the ability of young girls to conceive (fecundity) and those which affect their capacity to avoid spontaneous abortion. The article also seeks to illuminate the sources of continuing resistance to offering birth control services to unmarried girls, particularly those younger than 18 years old.[1]

We begin by discussing some implications of the traditional late age at menarche in Western populations for the development and reinforcement of social and legal codes regarding sexual activity among young unmarried persons. Next, we document changes in U.S. illegitimacy rates after 1940 for narrow age groups aged 19 and younger. We then ask *how* these rates changed, a step that allows us to estimate what proportion of the rise in illegitimacy may have been due to improved health and what proportion may have been due to increased levels of sexual activity. The implications of our findings for restrictive attitudes and policies which inhibit effective birth control programs for unmarried minors is then briefly discussed.

## Discussion

In the past, relatively poor health conditions may have moderated the consequences of nonmarital teenage sex. Improved health conditions appear to have increased the chances that an out-of-wedlock conception will be carried to term (hence, become visible, and a problem), and have also increased the capacity of sexually active young girls to conceive.

Our interpretation of the possible impact of traditional low levels of teenage fecundity in Western populations suggested that this past condition may provide a partial explanation of the origins of current restrictive laws and customs which inhibit the development of programs to deal realistically with the problems generated by teenage sexuality. Hopefully, one may expect that the consequences of biological changes that have already dramatically increased the fecundity of younger women will, in time, cause obsolete laws and customs to change.

(continued on next page)

Phillips Cutright is Professor of Sociology at Indiana University. This article is based upon research supported by the Commission on Population Growth and the American Future and by the Public Health Service (MH 15567) of the Department of Health, Education and Welfare.

A second possible cause of resistance to the provision of birth control service to young men and women involves the myth of an abstinent past and a promiscuous present. Aside from substantial increases in premarital sex among young whites with their future husbands, we find no evidence that a change in nonmarital sex of 'revolutionary' proportions has occurred since 1940 among either white or nonwhite teenagers.

As is the case with such other social problems as hunger, poverty and racial discrimination recently 'discovered' by politicians and social scientists, the problems generated by teenage sexuality have been with us for many years, but we cannot any longer as a society afford to ignore their existence. Hopefully, now that we have acknowledged that teenagers are having sex relations, recognizing that it is no new thing, we may act sensibly and realistically to solve the problems consequent upon it, rather than cling stubbornly to the myth of an age d'or of sexual abstinence, or cheer on a largely nonexistent 'sexual revolution' to topple the establishment. Access to effective medically supervised contraception and legal abortion is no more likely to encourage teenage promiscuity than denial of access has been to discourage adolescent sexual activity. Such access may, however, save many young people from traumatic out-of-wedlock pregnancies, illegitimate births, botched illegal abortions and disastrous youthful marriages.

Reprinted from
FAMILY PLANNING
Perspectives
Volume 4, No. 1 January 1972

*515 Madison Avenue*
*New York, New York 10022*

Reprinted by permission. "Family Planning Perspectives"

# APPENDIX I

## BIBLIOGRAPHY: FAMILY LIFE IN VARIOUS CULTURES


Bettleheim, Bruno. Children of the Dream. New York: Macmillan, 1969.

Clark, Edith. My Mother Who Fathered Me. London: George Allen and Unwin Unlimited, 1957.

Coles, Robert. Privileged Ones: The Well-Off and Rich In America. Boston: Little Brown, 1977.

Demos, John. A Little Commonwealth. New York: Oxford University Press, 1970.

Goode, William. World Revolution and Family Pattern. Glencoe, Ill.: Free Press, 1963.

Habenstein, Robert and Charles Mandel, editors. Ethnic Families in America. New York: Elsevier, 1976.

Lewis, Oscar. Vida, A Puerta Rican Family in the Culture of Poverty. New York: Irvington Publishers, 1979.

Mead, Margaret. Coming of Age in Somoa. New York: Modern Library, 1953.

Mead, Margaret. Sex and Temperment in Three Primitive Societies. New York: W. Morrow, 1963.

Morgon, Edmund. The Puritan Family. New York: Harper and Row, 1966.

Rubin, Lillian. Worlds of Pain. New York: Basic Books, 1976.

Stack, Carol. All Our Kin. New York: Harper and Row, 1970.

Stephens, William N. The Family in Cross-Cultural Perspective. Chicago: Holt, Rinehart and Winston, 1963.

Witherspoon, Garg. Navajo Kinship and Marriage. Chicago: University of Chicago Press, 1975.

APPENDIX J

# Teenage Pregnancy: A Major Problem for Minors

Teenage pregnancy has reached epidemic proportions in the United States. Each year, more than one million teenagers become pregnant. In comparison, 24,374 Americans contracted measles and 59,647 had mumps in 1975, the most recent year for which statistics are available. By the age of 20, three in 10 American women have borne at least one child.

Early childbearing poses serious health, social, and economic consequences for teenage mothers and their children. In addition to facing higher health risks both for themselves and their children, teenage mothers are often forced to leave school and to forego job training and other opportunities for economic advancement. Unmarried mothers face social disapproval, financial hardship, and difficulty in finding work and child care facilities. If they marry, teenage mothers are more likely to have unstable marriages and financial problems than others of the same age and socio-economic status. Women who have their first child in their teen years tend to have more children in quicker succession than their peers.

In the past, pregnant teenagers were pressured to get married or have their babies secretly and put them up for adoption. In addition, they were routinely expelled from school. Today teen mothers are asserting their right to an education, and special classes and programs have been started in many communities.

While older women's fertility has been declining during the past five years, teenagers aged 14 and younger have had increasing numbers of children, and the fertility rate of teens aged 15-16 has remained about the same. The proportion of U.S. births attributed to teenagers has been increasing; one in five U.S. births is to a teenager. Also, the number of out-of-wedlock births to teenagers is rising; teenagers account for half of all out-of-wedlock births in the United States. Most teenage pregnancies are unwanted, as is indicated by the fact that one in three U.S. abortions is to a teenager.

Experts attribute the epidemic of teenage pregnancies to increased sexual activity, non-use or ineffective use of contraceptives, and lack of contraceptive information and services for teenagers. More than four million teenage women aged 15-19 are sexually active and at risk of unwanted pregnancy. Only half of them are currently receiving contraceptive services. Of the estimated 420,000 to 630,000 teenage females under 15 who are sexually active, only 7 percent are receiving contraceptive services even though this age group is most vulnerable to health risks if they become pregnant.

## Teenage Pregnancy — An Overview

### Births to Teenagers

- Teenagers bear nearly one in five babies born in the United States; two-fifths of these births are out of wedlock and account for half the total out-of-wedlock births in the country.
- Three in 10 women aged 20 in 1975 had borne at least one child.

### Pregnancy

- One in six teenage women who have premarital intercourse becomes pregnant.
- One in 10 teenage women aged 15-19 becomes pregnant each year.
- Six in 10 teenage pregnancies end in live births, nearly three in 10 are terminated by abortion, and one in 10 ends in miscarriage.
- Teenagers account for one-third of all legal abortions performed in the United States.

### Health Risks

- The death rate from complications of pregnancy and childbirth is 13 percent greater for 15-19-year-olds and 60 percent greater for teenagers 14 or younger compared with women in their early 20's.
- Babies born to teenagers are two to three times more likely to die in their first year than babies born to women in their early 20's.

### Contraception

- Only three in 10 sexually-active teenage women use contraception consistently.
- Among sexually-active teenage women who do not use contraceptives, seven in 10 think that they cannot become pregnant.
- The condom, withdrawal, and the Pill account for more than three-fourths of all contraceptive use among teenagers.
- Half of all sexually-active teenage women (about two million) are still not receiving family planning services from clinics or private physicians.

Studies show that most teenagers seek contraceptive services after they have become sexually active; many of them come to clinics initially for pregnancy tests. Traditional sanctions against premarital sex have not kept teenagers celibate but rather appear to have contributed to the non-use and sporadic use of contraceptives as well as the tendency to select unreliable contraceptive methods.

## Teen Sexual Activity Increasing

More than half of the 21 million young people aged 15-19 are estimated to be sexually experienced — about seven million young men and four million women. In addition, about one-fifth of the eight million 13-14-year-olds have had sex. A 1976 national survey confirmed that a growing proportion of teenagers are sexually active and that they are beginning their sexual activity at earlier ages. The study found that 35 percent of the single female teenagers had experienced intercourse in 1976 compared with 27 percent in 1971 — a 30 percent increase. The proportion of sexually-experienced females rises from 18 percent at age 15 to 55 percent at age 19.

More studies indicate that teenage sexual activity is sporadic. The 1976 study found that nearly half of the sexually experienced teenagers surveyed had not had intercourse in the month prior to the survey. The proportion of sexually experienced blacks (63%) is twice that of whites (31%), the survey found, but the rate of increase for whites from 1971 to 1976 is more than twice the rate for blacks.

Along with increasing sexual experience, teenagers are also contracting venereal diseases in growing numbers. Teenagers aged 15-19 are three times more likely to contract gonorrhea than people over 20, while the risk of syphilis is 61 percent greater for teenagers.

## Many Teens Risk Pregnancy

Few teenagers begin to use contraception at the same time that they begin having sexual intercourse, and their contraceptive use is typically sporadic. A 1975 study in four cities found that almost half of the sexually-active females and nearly 70 percent of the males surveyed risked pregnancy at least once. A national survey of teenage contraceptive practice revealed that the sexually-active single teenage women who had never used contraception had increased from 17 percent in 1971 to 26 percent in 1976.

Nevertheless, the 1976 survey also found that those teenagers who do use contraceptive select more effective methods today than in 1971. The study found that nearly two-thirds (64%) of the single teenage women interviewed had used birth control at last intercourse, and one-third of them had used the Pill or IUD. Three in 10 said they "always" used contraception. The Pill was named the "most recently used" method by 47 percent of the teenage women using contraception, while 21 percent used the condom, 17 percent used withdrawal, 8 percent used foam, cream, diaphragm, or rhythm, 4 percent used douche, and 3 percent had an IUD.

Many teenagers who do not use birth control are poorly informed about the risks of pregnancy. According to a 1971 national survey, seven in 10 of the single teenage women who did not use birth control explained that they thought they had sex too infrequently or that they had intercourse at the "safe time of the month." Ironically, only 38 percent of the teenagers surveyed could identify the time of the menstrual cycle when pregnancy is most likely to occur.

Citing other reasons for contraceptive non-use, 31 percent of the respondents said that they could not obtain contraceptive services, 24 percent explained that contraceptives interfered with the pleasure or spontaneity of sex, and 13 percent mentioned moral or medical objections to contraceptives (Respondents gave more than one answer). Nevertheless, eight out of 10 (84%) of the non-users said that they did not wish to become pregnant.

Research studies have found no evidence that the availability of abortion would weaken the motivation to use contraception. In a 1971 study, sexually-experienced teenage women were asked what they thought a young unmarried girl should do if she finds herself pregnant by a boy she does not love; only one in five chose the option of abortion.

## Clinic Services for Teens Inadequate

Between 1971 and 1975, the number of teenagers on family planning clinic rosters more than doubled. Nevertheless, many teenagers are still unable to obtain clinic services and many programs fail to reach teenagers early enough. One study of 40 family planning clinics found that 94 percent of the teenage patients had had sexual intercourse before seeking contraceptive services, and 75 percent had been sexually active for at least a year. Thirty percent of the teenagers had been pregnant previously.

In 1975, there were 1.1 million teenage women enrolled in organized family planning programs, constituting 30 percent of the national clinic caseload. Nearly half of the adolescent patients had never used contraception prior to enrollment. After enrollment, 84 percent used the most effective methods — the Pill or the IUD. An additional 850,000-1,000,000 teenage women receive contraception from private physicians. However, about half of the four million sexually-active females aged 15-19 are still not receiving family planning help from any source. A meager seven percent of the sexually-active teens younger than 15 are currently receiving family planning services.

## Pregnancy among Teenagers

Planned Parenthood's Alan Guttmacher Institute (AGI) estimates that each year more than one million teenagers aged 15-19 become pregnant — one in 10 of the females in this age group. In addition, 30,000 girls younger than 15 get pregnant annually. More than two-thirds of all teenage pregnancies are believed to be unintended.

Of the million pregnancies which occurred in 1974, 28 percent resulted in marital births that were conceived following marriage, 27 percent were terminated by abortion, 21 percent resulted in out-of-wedlock births, 14

percent ended in miscarriage, and 10 percent resulted in marital births that were conceived prior to marriage.

Among pregnant adolescents 14 and younger, 45 percent have abortions, about 36 percent give births out of wedlock, and 13 percent miscarry. Only 6 percent of these young teenage pregnancies end in marital births.

## Teens Have One-third of U.S. Abortions

Teenagers account for about one-third of all legal abortions — an estimated 325,000 abortions in 1975. In 1974, three in 10 teenage pregnancies were terminated by abortion. About half of all teenage abortions were obtained by 18- and 19-year-olds, 45 percent by 15-17-year-olds, and 5 percent by girls 14 and younger. Between 1972 and 1975, the abortion rate rose from 19 to 31 procedures per 1,000 women under age 20. Increased availability of abortion has slowed the rise in out-of-wedlock births which began in the late 1960's, but it has not reversed the trend.

Legal abortion is still not equally available throughout the country. Abortion services tend to be concentrated in one or two metropolitan areas in each state. The need to travel outside one's community is a hardship for young and poor women who often can't afford such a trip. The unequal distribution of abortion services is evident in the varying abortion ratios for teenagers in different states, ranging from three abortions per 1,000 live births in Mississippi to 1,300 per 1,000 births in New York. The Alan Guttmacher Institute estimates that a minimum of 125,000 teenagers were unable to obtain needed abortion services in 1975.

## Childbearing among Teenagers

In 1975, nearly one in five (19%) of all births in the United States was to a teenager — 12,642 births to women under 15 and 582,238 to women aged 15-19. Fertility rates for older teenagers have fallen slightly in recent years, though not as sharply as the declines among women aged 20 and older. Births to girls younger than 14 have increased, while fertility among young women aged 14-17 has remained at approximately the same level. Between 1974 and 1975, the fertility rate for girls aged 10-14 increased by 8 percent.

The proportion of teenagers giving birth rises rapidly with age. The National Center for Health Statistics calculated that in 1975 nearly 1 percent of the 15-year-olds had had at least one child, 3 percent of the 16-year-olds, 6 percent of the 17-year-olds, 12 percent of the 18-year-olds, 20 percent of the 19-year-olds, and 30 percent of the 20-year-olds. Teenagers tend to have their children in quick succession. In 1975, nearly one-fourth (24%) of mothers aged 20 had had more than one child; 21 percent of all births to teenagers were second or higher order births.

Nearly two in five (30%) of all births to teenagers are out-of-wedlock, and the proportion of births to unmarried teens is increasing. With the decline in marital fertility, there has been a corresponding increase in childbearing outside of marriage for both white and black teenagers. In 1975, one in five babies born to white teenagers and three in four babies born to black teenagers were out-of-wedlock. Over half (52%) of the out-of-wedlock births in 1975 were to teenagers — 11,000 to women under 15 and 222,500 to women aged 15-19, a 5 percent increase over the previous year. Among those teenagers who give birth out of wedlock, 87 percent keep the child, 5 percent send the baby to live with others, and 8 percent give the baby up for adoption.

## Teen Mothers Run Health Risk

Both the adolescent who gives birth and her infant face greater risk of death, illness, or injury than do women in their 20's. The maternal death rate is 60 percent higher for teenagers aged 14 or younger and 13 percent greater for 15-19-year-olds than for women in their early 20's. Women giving birth at ages 15-19 are twice as likely to die from hemorrhage and miscarriage and 1.5 times more likely to die from toxemia (blood poisoning) than mothers in their early 20's. The risks increase dramatically for women under 15 giving birth; they are 3.5 times more likely to die from toxemia. Although the health risks for younger teenagers are considerably higher than those for women aged 18-19, the risks generally increase with parity, so that an 18-year-old experiencing a second pregnancy may have dramatically increased health risks.

The most common complications of teenage pregnancy are toxemia, prolonged labor and iron-deficiency anemia. Poor nutrition, inadequate prenatal care, and physical immaturity contribute to the risk of complications.

Children born to teenage mothers are two to three times more likely to die in their first year than babies born to women in their 20's. About 6 percent of first babies born to girls under 15 die in their first year. The incidence of prematurity and low birth weight is higher among teenage pregnancies, increasing the risk of such conditions as epilepsy, cerebral palsy, and mental retardation.

## Life Options for Young Parents

**Education:** Pregnancy and motherhood are the major causes of young women leaving school. Eight out of 10 women who become pregnant at 17 or younger never complete high school. Among teenage mothers 15 and younger, nine in 10 never complete high school and four in 10 fail to complete even the eighth grade. Despite legislation and court decisions upholding the right of school-age parents to education, the drop-out statistics suggest that many schools' policies and personnel may discourage pregnant students from continuing their schooling.

**Employment and Economic Opportunity:** Because many young mothers do not complete high school and the vast majority (79% in a New York City study) have no work experience, adolescent mothers are doubly disadvantaged in competing for jobs. Childcare responsibilities often further restrict employment opportunities. Teenage mothers are more likely to be unemployed and to receive welfare than mothers who postpone their childbearing until their 20's. The New York City study of teenage mothers found that 91 percent of the women who gave births at ages 15-17 were unemployed a year and a half

after the birth and 72 percent were receiving welfare assistance. Even 18- and 19-year old mothers were slightly more likely than older mothers to be unemployed and two and a half times more likely to be on public assistance.

**Marital Prospects:** Teenage marriages are two to three times more likely to break up, compared with those who marry in their 20's. Teenage couples who marry as a result of pregnancy are more likely to be economically disadvantaged in terms of occupation, income, and assets than are couples of similar socio-economic status. Such marriages are also more vulnerable to divorce and separation. A Baltimore study of premaritally pregnant teenage couples (17 or younger) found that one-fifth of the marriages broke up within one year and nearly one-third dissolved within two years. Within six years, three in five of the couples were divorced or separated.

**Family Size:** Women who give birth as teenagers tend to have a larger completed family size and tend to have their children closer together. Married women who have their first child at age 17 or younger expect a completed family of four, while wives whose first birth comes at the ages of 20-24 expect fewer than three children. Women who have their first child at age 17 or younger will have 30 percent more children than women who begin childbearing at ages 20-24, and women aged 18-19 at first birth will have 10 percent larger families.

## Laws Regarding Minors

During the last five years, there has been a clear trend toward liberalizing laws regarding the right of minors to consent to their own medical care. Currently, 26 states and the District of Columbia specifically affirm the right of minors to consent to contraceptive care, and all 50 states allow minors to consent to venereal disease treatment. In July 1976, the U.S. Supreme Court overruled a Missouri law which required a minor to have parental consent to obtain an abortion, thus invalidating similar laws in 26 states. Earlier in 1976, the Supreme Court ruled that Federally-funded family planning programs must serve eligible minors on their own consent.

Despite this liberal trend and despite the fact that no physician has been held liable for providing contraceptive services to minors of any age, many agencies and physicians will refuse fertility control services to minors without written parental permission.

The right of minors to purchase non-prescription contraceptives was upheld by the U.S. Supreme Court in a June 1977 decision. The Supreme Court invalidated a New York law which banned the sale of non-prescription contraceptives to persons under 16.

## Teens Denied Information

Despite evidence from several studies that one of the major causes of unwanted teenage pregnancy is ignorance about human reproduction and the risk of pregnancy, young people continue to be denied the information they need to make responsible decisions related to their sexuality.

Research suggests that mass media, especially television and radio, are an important source of family planning information for teenagers. A 1974 family planning communication study found that mass media contributed more to teenagers' family planning knowledge than other sources, including parents, peers, or schools. However, the researchers' analysis of media coverage revealed that television and radio provided very little contraceptive information: television contained an average of only eight minutes of family planning-related programming in an entire month, while radio broadcast an average of 14 minutes monthly. Newspapers contained only 19 items during the month.

Contraceptive advertising on television and radio is banned by the Code Authority of the National Association of Broadcasters, thereby eliminating another potential source of information about contraceptives.

At present, only 29 states and the District of Columbia require the teaching of health education in public high schools, and only six of these states and the District mandate family life or sex education as part of the curriculum. While Louisiana is the only state which outlaws sex education altogether, both Michigan and Louisiana specifically prohibit teaching about contraception.

Many states officially "encourage" the teaching of these subjects in their education policies but allow for local options. Consequently, hundreds of school districts have ignored, restricted, or prohibited sex education.

Even where sex education is provided in schools, contraception is often not discussed. A 1970 survey of U.S. school districts revealed that only two in five sex education teachers included contraception in their curricula. Human reproduction, adolescent development, and venereal disease were the most commonly covered topics. A recent national survey of high school teachers in population-related subject areas found that only one-third taught everything about human reproduction, sexuality or abortion. Even fewer taught about birth control.

## The Job to Be Done

A report submitted in 1976 to the Department of Health, Education and Welfare by Urban and Rural Systems Associates recommends that sexually-active teenagers be designated a high priority target population for family planning services and that Federal and state funding for family planning servies be increased. To increase clinic attendance, the report encourages the establishment of separate teen clinics with sensitive staffs and low-cost, confidential treatment. State laws and policies which restrict teenage patients in consenting to their own contraceptive care should be modified, the report notes.

Additional recommendations for a national program to deal with the problems of adolescent childbearing were issued by the Alan Guttmacher Institute in 1976. Its recommendations include:

- Realistic sex education via school, churches, and mass media, including information about pregnancy risks, contraception, and abortion and places where teenagers can obtain health services.
- For pregnant teens, adequate pregnancy counseling with non-judgmental information on all available options, including abortion referral.
- Adequate prenatal, obstetrical and pediatric care for teenagers who carry their pregnancy to term in order to minimize the hazards of early childbearing for both mother and child.
- Educational, employment, and social services for adolescent parents and day care for their infants to help teenagers realize their educational and career goals.
- National health insurance coverage for all health services related to adolescent pregnancy and childbearing with provisions to protect the privacy of minors.
- Expansion of biomedical research to discover new, safe and effective methods of contraception more suited to the needs of young men and women.

Much more work needs to be done to educate teenagers and their parents on the problems related to teenage pregnancy and the availability of contraceptive information, counseling, and services. In addition, school authorities, social workers, and health personnel, especially physicians, must be made aware of the special needs of teenagers.

Teenage pregnancy is a complicated problem which will be with us for some time to come. Failing to act today only compounds the high human, social, and economic costs to be borne by teenage mothers, their children, and society in general.

## Public Savings

Pregnancy prevention programs are highly cost-effective in saving future government expenditures to support out-of-wedlock children and their mothers. The Planned Parenthood Federation of America estimates that every dollar spent in one year on family planning saves two dollars in the following year alone and many times the original expenditure in the long-term. The California Department of Public Health calculated that if only 20 percent of eligible minors used contraceptive services and only 10 percent of teenage pregnancies were prevented, the net savings to the state would be $2.3 million in the first year.

## Suggested Reading

- **11 Million Teenagers: What Can Be Done About the Epidemic of Adolescent Pregnancies in the United States.** 64 pages: $2.50. Available from: The Alan Guttmacher Institute, 515 Madison Ave., New York, N.Y. 10022.
- **Adolescent Pregnancy and Childbearing: Growing Concern for Americans,** by Wendy H. Baldwin, Population Bulletin, Vol. 31, No. 2. 36 pages: 75c. Available from: Population Reference Bureau, 1337 Connecticut Ave. N.W., Washington, D.C. 20036.
- **Sex Education Action/Resource Bulletin.** 4 pages; free. Available from: The Population Institute, 110 Maryland Ave. N.W., Washington, D.C. 20002.
- **Sex and Birth Control: A Guide for the Young** by E. James Lieberman and Ellen Peck. 299 pages; $2.45 paper. (New York: Schocken Books, 1975).
- **You** by Sol Gordon with Roger Conant. 142 pages; $6.95 paper. (New York: Quadrangle/The New York Times Book Co., 1975).
- **Improving Family Planning Services for Teenagers** by Urban and Rural Systems Associates. 31 pages; free. Available from: Ms. Clara Schiffer, Office of Planning and Avaluation, Dept. of Health, Education and Welfare, South Portal Bldg., 441E, 200 Independence Ave. SW., Washington, D.C. 20201.

Reprinted by permission. Zero Population Growth, 1346 Connecticut Ave., N.W., Washington, D.C. 20036.

APPENDIX K

# Couples study seeking secrets of partnerships

By JANE E. BRODY
The New York Times News Service

NEW YORK — With 41 per cent of marriages ending in divorce and an even higher fallout rate among unmarried couples, two sociologists from Seattle are trying to uncover the secrets of successful partnership.

With lengthy questionnaires and personal interviews backed by a quarter of a million dollars from the National Science Foundation, Drs. Pepper Schwartz and Philip W. Blumstein are gathering detailed information from about 8,000 couples around the country — married and unmarried, heterosexual and homosexual. They expect that their findings, which will be available in 1980, will help all kinds of couples recognize and cope with potentially disruptive problems.

"People are scared," Schwartz said. "They see relationships collapsing all around them, and they worry about whether theirs will last. But they don't know what to look for. They're operating at the level of myth. This is why so many inferior self-help books are doing so well. People will read anything they think might help."

Unfortunately, the 33-year-old professor at the University of Washington said, sometimes the prescriptions offered in these books can do more harm than good. Her 35-year-old colleague noted, for example, that communicating constantly may be the secret of success for some couples.

"But for others it could be a great mistake," he said. "And for some, a total 'do everything together' relationship is extremely important, but others need lots of individual space."

Drs. Schwartz and Blumstein expect to determine from their study which kinds of couples are helped and which are hindered by various relationship characteristics. Toward this end, they are studying a wide variety of couples of all ages from different social, ethnic, racial and regional backgrounds, and they were in New York recently to interest Northeasterners in participating in the anonymous study.

The sociologists noted that there have been many studies of the causes of divorce, but studies of couples that live together are outdated. And none of these studies considered sex-role differences, which Drs. Schwartz and Blumstein believe are basic to a lot of problems among couples today.

By gathering data from homosexual as well as heterosexual couples, the sociologists expect to sort out the effects of sex roles on relationships and to develop useful guidelines for all kinds of couples. Blumstein said that the information from homosexual couples will help heterosexuals, especially since "homosexual couples have been dealing for years with issues like dual careers, nonmonogamy and sharing of sex roles, which heterosexual couples are now grappling with more and more."

Schwartz said that "there's no way to come out with a set of Ten Commandments for a successful relationship." Rather, the scientists hope to destroy some popular myths and provide facts in place of ignorance and misinformation.

Blumstein said one of the most destructive and pervasive myths is the "grass is always greener" idea promoted by the media and advertising. "They make everything look so good," he said. "You can have the ideal man or woman, keep romance in your life, make everything better and more wonderful. Since real life in these times is tough, romantic fantasies have a great appeal. Unfortunately, they just skim the surface of what a relationship is really like."

The sociologists emphasize that theirs is not a sex study, although the quality and exclusivity of sexual relations among the couples studied is being examined. "It's my impression so far that sex is only a problem if it's really bad," Schwartz said.

Another impression derived from the data gathered to date is that sex role distinctions are far less clear cut than one might think. Contrary to the Archie Bunker image of the American family, Schwartz said, "We are finding much less 'I'm the boy, you're the girl' stuff."

There also seems to be a surprising trend toward deliberately verbalized financial arrangements among married couples as well as those living together outside of marriage. "There's less of 'what's mine is yours and what's yours is mine,'" Schwartz said. Instead, there are more specifically negotiated allocations of money and more economic independence reserved by the individuals.

A major focus of the research will be in the area of conflicts, the issues that provoke them and the way they are resolved. The researchers want to know how couples handle conflicts, what conflicts do to the relationship and which issues are most damaging.

Only couples currently living together are eligible to participate. Those interested may request copies of the questionnaire, specifying whether they are a heterosexual couple or a male or female homosexual couple, from Couples Study, Department of Sociology, University of Washington, Seattle 98195.

Reprinted by permission. New York Times, November 16, 1978.

# APPENDIX L

## DEFINING LOVE FOR ADOLESCENTS

Teenagers seem to "love" everything from ice cream to people. Characteristically adolescents experience strong emotional feelings particularly within interpersonal relationships. For this reason it is important that teenagers be given some cognitive definitions of love to help them sort through the source of these feelings. In addition to basic definitions of agape, filial, and eros, other descriptions of love are included to facilitate activities in Section V.

1. Agape - Brotherly love - the unselfish love of one person for another
2. Filial - A warm emotional relationship as found between parent and child
3. Eros - A strong romantic feeling which includes sexual desire

Within a successful marriage all three types of love are exhibited. Other types of love which people may experience:

1. Platonic - Love for a friend
2. Patriotic - Love of country
3. Spiritual Love - Love of God
4. "Crush" infatuation - Young adolescents may have crushes on a teacher or other admired adult

DIFFERENCES BETWEEN LOVE AND INFATUATION*

| LOVE | INFATUATION |
|---|---|
| 1. Love usually comes gradually as a boy and girl share many experiences together. They "grow" into it after many dates. | 1. Infatuation comes suddenly after a date or two. The pair "fall" into it almost immediately upon meeting. |
| 2. True love is based on knowledge. It knows the reasons for its love. It involves the entire personality. (Shakespeare: "Love looks not with the eyes but with the mind.") | 2. Infatuation is narrowly based on a few attractive traits - mostly physical. It cannot give intelligent reasons for its love. It argues that "you cannot explain love". |
| 3. True love kindles kindly feelings toward others. It makes the lover happy and improves his disposition. ("All the world loves a lover, and a lover loves the world.") | 3. Infatuation often makes one morose; it damages disposition. One becomes self-centered, indifferent and disagreeable toward others who "do not understand". |
| 4. True love inspires work and honest effort; brings new energy, ambition, and increased interest in life. | 4. Infatuation destroys interest and application to work. It causes general inertia and discontent. |
| 5. True love causes one to be proud of the loved one and eager to "introduce" him to others - both peers and adults. | 5. Infatuation is often embarrassed about the relationship and secretive with parents, teachers, the clergy, etc. |
| 6. True love says, "We want forever! We can afford to wait! Nothing can happen to our love for each other." | 6. Infatuation or passion says, "We have only tonight. Let's live it up" - or "Let's get married." |
| 7. "True love becomes tender and even PURE." It ennobles the lover and beloves. | 7. Infatuation seeks self in sensual delights and often even in sexual pleasures. It often demeans character. |

| LOVE | INFATUATION |
|---|---|
| 8. True love is accompanied by a willingness to face reality and solve problems realistically after mature decisions. | 8. Infatuation causes one to disregard problems, obstacles, and barriers. "If we love each other, nothing else matters" is the attitude. |
| 9. True love thinks of the other person. It desires to protect the beloved and to do things to make the loved one happy. | 9. Infatuation tends to exploit the other party for personal pleasure, security, or other selfish satisfaction. |
| 10. True love is trustful, sure, calm, secure, hopeful, and self-confident. | 10. Infatuation is distrustful, insecure, jealous, "nervous", and fearful. |
| 11. In true love its physical expressions has tender meaning and comes slowly, naturally, sincerely, and "creatively". | 11. In infatuation physical contacts--common and ordinary--tend to be the end. The meaning is lacking. It's "for fun", for the "thrill" of the experience, for personal gratification. |
| 12. True love tends to occur in late teens or early twenties. | 12. Infatuation tends to be more frequent among young adolescents. |

*Reprinted by permission. Working Papers for Human Development in the Family Cincinnati Public Schools, Division of Curriculum and Instruction, 1973.

### *Up-to-Date Love: A summary*

"What is this thing, love?" asked young Cherubino long ago. It has been, and is, many things. But we have seen the shape it has taken in recent years—we have seen that Up-to-Date Love is the love of the past, much changed and renewed. These are its most important qualities today:

—It's *equalitarian*. It's the love of a man and a woman who see each other as equals and love each other as equals.

—It's both *giving and getting*. Each partner is concerned about the other's well-being and happiness, each does things to benefit the other, and each expects the same in return.

—It's *realistic*. It's based not on daydreams and imagination but on what each person is actually like, on everyday intimacy, on reality.

—It's *romantic*. Not absurdly or blindly so, but romantic in the sense that each lover treasures the other, feels uplifted by the other's love, sees the other as a wonderful choice—and the *right* choice.

—It's *hard-working*. Lovers know that the promise to love is an empty one—but that if they *intend* to stay in love, they need to work hard at it. They need to tackle their marital problems, not ignore them. They need to explore disagreements, clear up quarrels, learn to understand each other, try to grow together, and deliberately avoid whatever might hurt each other.

—It's *sexually free but sexually exclusive*. The lovers enjoy sexual pleasure with each other, *free* of guilt or shame—but *exclusively* with each other, because outside sex might endanger their love for each other.

A selection from THE YOUNG PERSON'S GUIDE TO LOVE by Morton Hunt. Copyright 1975 by Morton Hunt. Reprinted with the permission of Farrar, Straus & Giroux, Inc.

(continued on next page)

—It's *emotionally exclusive*. Each loves only the other, because each realizes that this is what the other needs. But the relationship is open in the sense that each partner has outside interests, outside friends, self-respect, and a sense of personal worth apart from the love relationship.

—It's *companionable*. Above all else, the lovers are each other's best friends, and would rather be with each other than with anyone else.

In sum: In Up-to-Date Love, a man and woman are each other's sexual lovers, friends, and partners; are sometimes parent to each other, sometimes child to each other, but most of the time each other's adult equal and companion; are each other's most trusted ally; and are each other's "other self."

Up-to-Date Love is rarely perfect, but it is often as nearly perfect as we need it to be. Perfection is said to be found only in heaven—but, as poets have often said, Love is heaven on earth.

A selection from THE YOUNG PERSON'S GUIDE TO LOVE by Morton Hunt. Copyright 1975 by Morton Hunt. Reprinted with the permission of Farrar, Straus & Giroux, Inc.

APPENDIX M

# YOUR·PARENTING·DECISION·VALUES

Deciding whether or not to have a child someday is probably the biggest decision most of us ever make. But a lot of us make that decision, one way or the other, without really knowing why. The following is a list of things you might consider reasons for or against having children. To help find out what you value most, circle the number which shows how important an item is to you, regardless of whether you think it's a reason for or against having a child. Add up your scores in each category and then turn to the back to find out what your score means!

1 = no importance 2 = some importance 3 = very important 4 = extremely important

| | | | | |
|---|---|---|---|---|
| **Effects a Child Would Have** | | | | |
| 1. the risk of birth defects | 1 | 2 | 3 | 4 |
| 2. whether or not I'd have to drop out of school | 1 | 2 | 3 | 4 |
| 3. whether or not having a child would tie me down | 1 | 2 | 3 | 4 |
| 4. having a child would make me an adult | 1 | 2 | 3 | 4 |
| 5. how a child would affect my relationships with friends | 1 | 2 | 3 | 4 |
| **My Readiness for Being a Parent** | | | | |
| 1. my age | 1 | 2 | 3 | 4 |
| 2. how much money I have | 1 | 2 | 3 | 4 |
| 3. how much I like children | 1 | 2 | 3 | 4 |
| 4. whether or not I am married | 1 | 2 | 3 | 4 |
| **My Desires and Dreams** | | | | |
| 1. desire to experience pregnancy, labor and delivery | 1 | 2 | 3 | 4 |
| 2. wanting to be a mother or father | 1 | 2 | 3 | 4 |
| 3. wanting to teach things to a child | 1 | 2 | 3 | 4 |
| 4. liking the idea of having my own children | 1 | 2 | 3 | 4 |
| **Outside Influences** | | | | |
| 1. whether my mother or father wants me to have children | 1 | 2 | 3 | 4 |
| 2. whether I think the world is a good place to bring someone else into | 1 | 2 | 3 | 4 |
| 3. concern for over-population | 1 | 2 | 3 | 4 |

TOTAL SCORES

Effects a Child Would Have ____ My Desires and Dreams ____

My Readiness for Being a Parent ____ Outside Influences ____

# ?SO WHAT DOES IT MEAN?

Obviously, these aren't the only things you could consider about whether or not you'd like to have a child. You can find more in "Am I Parent Material?", available from the National Organization for Non-Parents.

But now that you've filled this out, what does it all mean? Just as important as your score is your pattern -- do you have mostly "1"s, or almost all "4"s? In either case, you're probably copping out by saying "well, they're all equally important," or "none of these are that important." If you look more closely at the questions, you'll probably find that some of them <u>are</u> more important to you than others.

The best way to use this is to discover what <u>you</u> thought was most important -- there are no "right" or "wrong" answers. But here are some general ways of looking at your scores:

<u>Effects</u>--Minimum score = 6, maximum = 24. If you got less than the middle score of 15, you're possibly not giving enough thought to how a child would change your life.
<u>Readiness</u>--Minimum score = 4, maximum = 16. If you got less than the middle score of 10, perhaps you should think more about what you need to be equipped for parenthood.
<u>Desires</u>--Minimum score = 4, maximum = 16. If you got less than the middle score of 10, maybe you're not really attracted to the idea of having a child--maybe you'd be an "unwanted parent!"
<u>Outside Influences</u>--Minimum score = 4, maximum = 16. If you got more than the middle score of 10, could this mean you're letting other people make this decision for you?

Do you like what your scores tell you? If so, great! If not, this can be the first step in finding out more about your parenting decision values, and, in the long run, about YOU!

modified from a university of washington survey by
lee roy beach, frederick campbell, & brenda townes

2-49 copies, 7¢ each, 50-199
copies, 6¢ each, over 200, 5¢

**Published by the**
**NATIONAL ALLIANCE FOR OPTIONAL PARENTHOOD**
**3 N. Liberty Street**
**Baltimore, Maryland 21201**

Reprinted by permission. National Alliance for Optional Parenthood.

APPENDIX N

LECTURE: SEXUALLY TRANSMITTED DISEASES

I. Definition of Venereal Disease or Sexually Transmitted Disease
   A. Disease transmitted through sexual contact
   B. Most Common: Gonorrhea
   C. Most Serious: Syphilis

II. Gonorrhea
   A. Causative organism - gonococcus
   B. Mode of transmission - sexual contact
   C. Signs and Symptoms - Incubation Time 1-30 days
      1. Male - pain during urination and discharge of pus
      2. Female - no early signs, pain in lower abdomen and vaginal discharge during later stage
      3. Effects of untreated gonorrhea
         a. Male - may spread and infect seminal vesicles, bladder, prostrate glands, and kidney
         b. Female - may spread upward into the uterus to include the fallopian tubes and other pelvic organs
         c. Major cause of blindness in children
         d. May cause sterility in males and females
         e. May cause heart disease or arthritis
   D. Detection and Treatment
      1. Microscopic examination and bacterial culture of the discharge are required for definitive diagnosis
      2. Treatment with antibiotics is usually effective if disease is recognized and treated promptly
      3. For those allergic to penicillin, other drugs are available

III. Syphilis
   A. Causative organism - spirochete
   B. Mode of transmission - sexual contact and kissing infected area
   C. Stages of Syphilis
      1. Primary - Symptoms - Incubation Time 10-90 days
         a. Round ulcer with raised edges, known as a painless chancre
         b. Males - appears on penis scrotum or pubic area
         c. Female - appears on external genitalia, but may appear in the vagina or the cervix
      2. Secondary Symptoms
         a. Becomes visible anywhere from several weeks to several months after the disappearance of the chancre
         b. Skin rash
         c. Sometimes headache, fever, indigestion, sore throat and muscle or joint pain
      3. Latent Symptoms
         a. May last for years, although no longer contagious
         b. Affects blood vessels, central nervous system (brain, spinal cord), and bones

4. Final Stage Symptoms
   a. Blindness
   b. Deafness
   c. Heart failure
   d. Ruptured blood vessels
   e. Loss of equilibrium; insanity

D. Treatment
   1. Requires detection and blood test for positive diagnosis
   2. Antibiotic therapy
      a. Important to take complete cycle of prescribed medication even though symptoms disappear
      b. Effective if initiated during primary or secondary stages
   3. For those allergic to penicillan other drugs are available
   4. Latent and final stages - prolonged surgical and medical care necessary without guarantee of restoration of organs
   5. Disease can be cured at any stage of infection, but damage cannot be undone

E. Congenital Syphilis
   1. Found in child of mother with syphilis
   2. Prone to impaired vision and hearing
   3. Certain deformities of the bones and teeth

IV. Other Venereal Diseases

A. Herpes II
   1. Causative organism - Virus
   2. Mode of transmission - sexual intercourse or kissing infected area
   3. Signs and Symptoms
      Male and Female
      a. Burning or tingling pain around the genital area
      b. Appearance of small bumps
      c. Small bumps may sometimes turn into painful blisters
      d. May be burning during urination
   4. Treatments - no known cure
      a. Ice cold milk compresses
      b. Anesthetic ointments
      c. Aspirin to prevent fever
      d. Cease intercourse until lesions disappear
   5. Dangerous to the developing fetus
      a. May attack the eyes, mouth, lungs and intestines
      b. Can cause blindness, disfigurement and death
   6. Recurrence after original infection disappears
      1. Flare-up associated with tension, emotional upset, poor diet, or the onset of menstruation
      2. Recurrent infections are less severe and last about 2 weeks
   7. High incidence of cancer of cervix in woman with Herpes

B. Trichomoniasis
   1. Causative organism - protozoa
   2. Mode of transmission - intercourse
   3. Signs and Symptoms
      a. Male - usually asymptomatic
         occasional pain upon urination and discharge
      b. Female - frothy, thin, greenish white vaginal discharge
         intense vulva itching
         pain and frequency of urination

4. Treatment
   a. Flagyl by doctors prescription
   b. Condom - to prevent spread of the infection
   c. Both partners must be treated
   d. Avoid tight clothing and all nylon underpants

C. Yeast Infection - Candidasis, Moniliasis
   1. Causative agent - fungus
   2. Mode of transmission
      a. Sexual intimacy
      b. Lowered resistance to yeast infection when taking penicillin and birth control pills
      c. Contaminated articles, i.e., towels, etc.
   3. Signs and Symptoms
      a. Intolerable vaginal discharge odor
      b. Skin breakage can also cause a secondary bacterial infection
      c. If discharge is abundant it can cause an itchy rash on the entire vulva, rectum, and upper thighs
   4. Treatment
      a. Oral or vaginal medications
      b. Use of condom is encouraged to help prevent the spread of the yeast infection

V. Myths and Misconceptions
   A. Myths - Spirochete cannot live outside the human body, <u>not</u> spread by:
      1. Contact on toilet seat
      2. Contact from door knob
      3. Contact from drinking cup
   B. Misconceptions - These statements are not true:
      1. Once treated venereal disease cannot be contracted again
      2. Two diseases cannot be contracted at the same time
      3. Once the disease is in the system it is always present

VI. The Law
   A. Free at public agency
   B. State requirement for premarital blood testing and during pregnancy
   C. Treatment of minors without parental consent

VII. Availability of Service
   A. Private physician
   B. Public health agencies

APPENDIX O

LECTURE: METHODS OF FAMILY PLANNING

I. Rationale and Rights for Family Planning
   A. Children by choice and not chance
      1. Achieving optimum health of mother and baby
      2. Achieving optimum economic and emotional climate for family
   B. Everyone's right to information
   C. Everyone's right to services
   D. Sexual activity as a personal decision
      Demands responsibility

II. Seven Reversible Methods of Contraception
   A. Withdrawal
      1. Effectiveness*
         a. Theoretical rate: 91.00%
         b. Actual use rate: 75.00%
      2. Description
         Withdrawing penis prior to ejaculation
      3. Function
         Prevention of sperm entering vagina
      4. Technique
         a. Withdrawing before male feels ejaculation will occur
         b. Avoiding letting sperm touch external genitalia of female
      5. Advantages
         a. No side effects (except psychological)
         b. No preparation
         c. No expense
      6. Disadvantages
         a. Sperm in pre-ejaculatory fluid from Cowper's gland
         b. Inability of young men to recognize point of ejaculatory inevitability
   B. Natural Family Planning (Temperature, Mucous, Sympto-Thermal)

| 1. Effectiveness* | Temperature | Mucous | Sympto-Thermal |
|---|---|---|---|
| a. Theoretical rate: | 96.00% | 96.00% | 96.00% |
| b. Actual use rate: | 90-94% | 75-90% | 85-90% |

      2. Description
         Avoiding intercourse during fertile period
      3. Function
         Prevention of sperm entering vagina during ovulation or near ovulation
      4. Technique
         a. Determining the fertile period as accurately as possible
            i. Temperature method: temperature chart for 3 to 6 months to record the change (fall then rise) in body temperature at time of ovulation
            ii. Billings method: charting cervical mucous changes (color and consistency) at the time of ovulation

iii. Sympto-Thermal: a combination of temperature with mucous method

b. Abstaining from sex during the unsafe times

4. Advantages
   a. Approved by all major religions
   b. Requires no mechanical preparation to interrupt love play
   c. Inexpensive
5. Disadvantages
   a. Length of abstinence requiring self-control
   b. Requires high degree of motivation
   c. Inaccuracy of some body changes in determining safe period

C. Condom
1. Effectiveness*
   a. Theoretical rate: 99.00%
   b. Actual use rate: 90.00%
2. Description
   A thin rubber sheath that covers the penis
3. Function
   Prevents sperm from entering the vagina
4. Technique
   Placed on erect penis prior to entering the vagina
5. Advantages
   a. Prevents V.D. as well as pregnancy
   b. Readily available without a prescription
6. Disadvantages
   a. Lessens sensitivity for the male
   b. Tearing
   c. Slipping off
   d. Rubber being weakened
      i. Temperature changes
      ii. Lubrication with vaseline or any petroleum based jell

D. Contraceptive Foam, Cream, or Jelly
1. Effectiveness*
   a. Theoretical rate: 97.00%
   b. Actual use rate: 78.00%
2. Description
   A foam, cream, or jelly containing a spermicide that covers the cervix
3. Function
   A physical and chemical barrier to prevent sperm from entering the uterus
4. Technique
   Two applicators full of foam inserted into vagina no more than 15 minutes prior to intercourse
5. Advantages
   a. Available in the drugstore without a prescription
   b. Good back-up or second method
6. Disadvantages
   a. Sometimes allergic reactions
   b. Interrupts love play to apply
   c. Must avoid douching or deep tub bath for at least six (6) hours after intercourse

E. Spermicidal Foam Plus Condom
   1. Effectiveness*
      a. Theoretical rate: 99.00%
      b. Actual use rate: 90.00%
   2. Special advantage of double protection

F. Diaphragm
   1. Effectiveness*
      a. Theoretical rate: 97.00%
      b. Actual use rate: 83.00%
   2. Description
      A shallow rubber cup used with a sperm killing jelly or cream that covers the cervix
   3. Function
      Prevents sperm from entering the uterus physically and chemically
   4. Technique
      Inserted into vagina prior to intercourse - removed no sooner than six (6) hours later
   5. Advantages
      a. Can be inserted as long as two (2) hours before intercourse
      b. No major side effects (sometimes allergic reactions to jells)
   6. Disadvantages
      a. May become dislodged during intercourse
      b. Must be fitted by a physician
      c. Must be inserted correctly each time
      d. May be unsatisfactory for women uncomfortable touching themselves
      e. Requires high motivation by users

G. IUD or Intrauterine Device
   1. Effectiveness*
      a. Theoretical rate: 97.99%
      b. Actual use rate: 95.00%
   2. Description
      A small plastic device sometimes coated with copper or a hormone that fits inside the uterus
   3. Function
      Theory of function - creates hostile environment for fertilized egg preventing implantation
   4. Technique
      Inserted by a physician or nurse-practitioner during a woman's menstrual period - remains in place 1-3 years or longer depending on the type of IUD
   5. Advantages
      a. Requires no interruption of love play
      b. Easily reversible by having it removed by physician
   6. Disadvantages
      a. Checking the IUD filament each month
      b. Possible rejection or expulsion
      c. Discomfort of possible side effects
         i. Heavier menstrual flow
         ii. Cramping
         iii. Infection
         iv. Perforation at insertion
         v. Pain with insertion

d. Moral and religious objections
Based on theory that the IUD interrupts life cycle of the fertilized egg

H. Oral Contraceptives
1. Effectiveness
a. Theoretical rate: 99.66%
b. Actual use rate: 90.96%
2. Description
A pill containing combinations of estrogen and/or progesterone
3. Function
Prevents release of an egg from the ovary
4. Technique
One pill is taken each day according to physicians' instructions
5. Advantages
a. Does not interfere with love play or intercourse
b. Easy to use
c. Highest effectiveness rates
6. Disadvantages
a. Possible side effects
i. Major - blood clotting problems
ii. Minor - nausea, weight gain, increase risk of vaginal infections
b. Must watch for body signals indicating major side effects
Pain in limbs, severe headaches, blurring of vision
c. Must remember to take pill every day

III. Permanent Contraception (Sterilization)
A. Vasectomy
1. Description
Surgical removal of a portion of the vas deferens
2. Function
Blockage of sperm at the point of production
3. Advantages
a. Simple surgery
b. Permanent contraception
4. Disadvantages
a. Psychological reaction regarding manhood - regret
b. Short term minor complication i.e., infection
c. Short term high expense
B. Tubal Ligation
1. Description
Surgical removal of portion of Fallopian Tubes
2. Function
Blocks passage of ovum
3. Advantages
Permanent contraception
4. Disadvantages
a. Morbidity and mortality associated with various surgical procedures
b. Psychological regret
c. Short term high expense

*Figures are from Contraceptive Technology and DHEW publication "Natural Family Planning"

| BIRTH CONTROL Device | How It Works | Effectiveness* | How Obtained | Disadvantages |
|---|---|---|---|---|
| PILL<br>Used by female | Oral Contraceptive<br>Prevents maturation of ova (egg) | Perfect Use 99.66%<br>Actual Use 90.96% | Requires physical exam<br>Prescribed by physician | Minor Problems: weight gain, nausea, spotting and missed periods<br>Major Problems: blood clots, gall bladder disease, high blood pressure<br>May forget pill |
| IUD<br>Used by female | Inserted in uterus<br>Theory: IUD creates hostile environment preventing implantation | Perfect Use 97.99%<br>Actual Use 95.00% | Inserted by physician or nurse practitioner | May slip out of place<br>May perforate uterus<br>May cause excessive bleeding<br>Infection |
| DIAPHRAGM<br>Used by female | Placed against cervix prevents sperm from entering uterus<br>Spermicide on rim and inside diaphragm kills sperm | Perfect Use 97.00%<br>Actual Use 83.00% | Fitted by physician or nurse practitioner | Diaphragm can develop holes or tears<br>May be improperly placed<br>Spermicide must be inserted with each act of coitus<br>Psychological objection to self insertion |
| CONTRACEPTIVE FOAM, CREAM, OR JELLY<br>Used by female | Placed in vagina<br>foam kills sperm and prevents entry to uterus | Perfect Use 97.00%<br>Actual Use 78.00% | Drugstore<br>Non-prescription | Must be inserted with each act of coitus<br>Interrupts love-making<br>Psychological objection to self-insertion |
| CONDOM<br>Used by male | Fits over erect penis<br>Prevents sperm from entering vagina<br>Helps prevent VD | Perfect Use 97.00%<br>Actual Use 90.00% | Drugstore<br>Non-prescription | May break or slip off<br>Interrupts love-making<br>Decreases sensitivity for some males |
| CONDOM AND FOAM | See above for condom and foam | Perfect Use 99.00%<br>Actual Use 95.00% | Drugstore<br>Non-prescription | See above for condom and foam |
| NATURAL FAMILY PLANNING (Temperature, Mucous, Sympto-Thermal)<br>Used by female | Accurate Charting of fertile period<br>Sexual abstinence during fertile period | Perfect Use 96.00%<br>Actual Use<br>Temperature 90-94%<br>Ovulation 75-90%<br>Sympto-Thermal 85-90% | Physician or clinic training in fertility awareness | Periods of abstinence requiring commitment from both partners |
| WITHDRAWAL<br>Used by male | Withdrawal of penis prior to ejaculation | Perfect Use 91.00%<br>Actual Use 75.00% | | Sperm in pre-ejaculatory fluid from Cowper's gland<br>Mistiming of ejaculation |

*Perfect use rates are theoretical based on effectiveness if used perfectly every time. Actual use based on surveys of actual couples who use the method. Figures are from Contraceptive Technology and DHEW publication "Natural Family Planning"

# APPENDIX P

## HEREDITY TERMS

1. Birth Defect - an abnormality of structure, function, or metabolism, whether genetically determined or the result of environmental interference during embryonic or fetal life. A birth defect may cause disease from the time of conception through birth or later in life
2. Carrier - a person who usually does not show signs or symptoms of a genetic disease, but who may pass the condition or the carrier state on to his or her children
3. Chromosome - one of the 46 threadlike structures in the nucleus of every cell which contains the genes
4. Cleft palate and/or lip - open fissure of upper lip and palate (roof of mouth) which occurs during development and is present at birth
5. Congenital - refers to any condition existing at or before birth
6. Cystic fibrosis - a recessive disorder marked by accumulation of excessively thick and sticky mucus in the lungs and other parts of the body and by abnormal sweat and saliva production
7. DNA - deoxyribonucleic acid, the material comprising genes
8. Dominant - descriptive of a hereditary trait which expresses itself in the offspring when a defective gene or set of genes is inherited from either parent. (Compare recessive.)
9. Down's Syndrome (Mongolism) - abnormality caused by an extra #21 chromosome (called trisomy). Three types: Standard trisomy the most frequent, but rarely familial; Translocation, familial and the type most frequently born to younger parents; and Mosaicism (mixed chromosome counts, some cells having 46, some 47), the rarest form and not familial
10. Gamete - a mature reproductive cell
11. Gene - a segment of a chromosome which carries a unit of hereditary information
12. Genetics - the scientific study of heredity
13. Hemophilia - an X-linked disorder of blood clotting
14. Hereditary - genetically transmitted
15. Hermaphrodite - individual possessing both male and female sex glands
16. Hirsutism - abnormal hairiness, especially in women
17. Huntington's Disease - a dominantly inherited disease that usually appears in middle age; it causes gradual, complete mental and muscular deterioration
18. Klinefelter's Syndrome (XXY) - afflicts males: have an extra sex determining hormone i.e., XXY instead of XY
19. Marfan's Syndrome - a dominant connective tissue disorder causing excessive growth of the long bones of the body and structural weakness of joints, heart, and eyes
20. Mutation - a change in a gene; mutation in reproductive cells gives rise to heriditary defects
21. PKU - Phenylketonuria, a hereditary disorder of amino acid metabolism; if untreated by special diet, it nearly always causes severe mental retardation
22. Polydactyly - extra fingers or toes, a dominant disorder

23. Recessive - descriptive of a trait which is expressed when the offspring inherits the same gene for a particular characteristic from both parents. (Compare dominant.)
24. Sickle Cell Anemia - a recessively inherited anemia involving defective hemoglobin molecules that causes deoxygenated red blood cells to form into the shape of a sickle
25. Tay-Sachs Disease - a recessive hereditary disease which destroys the brain and other parts of the nervous system
26. Turner's Syndrome (XO) - abnormality afflicting females in which one of the sex determining pair of chromosomes is missing. Symptoms include incomplete development of ovaries, short stature, and often webbing of the neck

APPENDIX Q

# Fertility Problems: Family Planning Counselor's Guide to Diagnostic Tests for Infertility and Treatment Options

This fact sheet describes the common diagnostic tests and some of the possible treatments for couples that have a fertility problem. It is designed to help you teach family planning patients whom you will refer for an infertility work-up. Use this fact sheet in conjunction with the **Health Education Bulletin** titled, Counseling: Fertility and Infertility, July, 1979.

## Diagnostic Tests

**Semen analysis:** An analysis of semen is usually the first tep in an infertility workup (along with the woman's BBT and mucus charting). The man will bring an entire fresh semen specimen to a lab within two hours after ejaculation. The semen will be examined for volume, viscosity, sperm count, sperm motility, and percentage of abnormal sperm.

**Huhner's test:** The couple will be asked to have intercourse at the time of ovulation. Within two hours after intercourse the clinician will collect a mucus sample from the woman's cervix. She/he will examine the mucus sample under a microscope to see how many sperm are present and what percentage of the sperm are active. This test evaluates whether the women may have "hostile" cervical mucus that could be interfering with the passage of sperm from the vagina to the uterus.

**Duke's test:** A sample of the woman's blood serum is mixed with a freshly ejaculated sample of her partner's semen. If she has antibodies to her partner's sperm, her blood serum will immobilize the sperm. Duke's test is a logical next step if Huhner's test shows a significant number of immobile sperm.

**Endometrial biopsy:** The clinician collects a small shred of endometrial tissue with a narrow curet for microscopic evaluation. This office procedure is done under a local anesthesia and may cause brief, painful uterine cramping. The test is scheduled for the postovulatory phase of the woman's cycle so that the pathologist can look for typical progesterone-influenced endometrial changes that can only be present if ovulation has occurred. The biopsy can help determine whether the woman is ovulating and whether her endometrial changes are in proper sequence. An endometrial biopsy can be especially helpful when a woman's mucus and BBI charts fail to show clear patterns.

**Hormone blood tests:** The infertility specialist may want to draw a blood specimen from the woman several days after ovulation should have occurred to test it for progesterone levels that would indicate ovulation. Other more complex blood tests are also possible; they may require drawing blood each day throughout one whole cycle.

**Tubal pathway evaluation:** A common cause of infertility is obstructed fallopian tubes; scar tissue can form in the delicate tubes after an infection, and the scars can partially or completely block the narrow pathway through the tube.

Oil- or water-based x-ray dye is inserted into the woman's uterus, and x-ray pictures taken to evaluate the dye's ability to progress freely through the tubes and out into the pelvis. This test—call a hysterosalpingogram—may be fairly painful. It is conducted in a radiology facility. It would be recommended if the men's semen analysis is normal, the woman appears to be ovulating, and her cervical mucus appears normal. Hysterosalpingogram sometimes reveals adhesions near the ovary or an abnormal uterine shape, as well as revealing whether tubal pathways are open.

**Laparscopy:** Inserting a lighted tube through a 1-inch incision near the naval can reveal fallopian tube damage or obstruction. Dye can be inserted in the woman's uterus during the procedure so that the surgeon can watch the dye's progress through the tubes and out into the pelvis. Laparscopy is usually performed under general anesthesia in a hospital or surgical center. It might be recommended if the hysterosalpingogram is inconclusive or if the surgeon wants to assess whether tubal damage looks as though it can be surgically corrected.

## Treatment Options

**Artificial insemination** is helpful in many cases. If the woman's certival mucus seems to be the problem, her partner's own semen can be inserted directly into her uterus. If her partner's semen production is the problem, the couple can use donor semen. Infertility specialists can find a donor who resembles the man in body type and who has no known inheritable diseases. Donor insemination results in pregnancy in about half the cases where it is tried, usually within only a few cycles (Sulewski, J.M., Eisenberg, F., Stenger, V., "A Longitudinal Analysis of Artificial Insemination with Donor Semen," *Fertility and Sterility* 29:527-531, 1978).

**Medication to induce ovulation** is an infertility treatment that often results in pregnancy. Usually the woman takes a course of clomiphene citrate to stimulate her pituitary gonadotropins. A woman takes this medication for five days each cycle, beginning on the fifth day of the cycle. She must be examined during each cycle, before beginning another 5-day course, to check for abnormal ovary

enlargement and for pregnancy. Clomiphene citrate induces ovulation in about 70% of women. About 40% of women conceive during the course of treatment (Speroff, L., Glass, R.H., Kase, N., *Clinical Gynecologic Endocrinology and Infertility,* 2nd ed., Baltimore: Williams and Wilkins, 1978).

**Surgery** is helpful in some cases. If a man's sperm production is impaired by a varicocele, surgery may restore normal function. Surgery to repair damaged fallopian tubes is most likely to be successful if microsurgery techniques are employed. The future hope for women with irreparably damaged fallopian tubes may well be an embryo transplant such as those recently accomplished in England.

**Condoms** can help couples whose problem involves the woman's antibody response to her partner's semen. Six months of condom use will prevent her exposure to semen, so her antibody response may diminish. If it does, unprotected intercourse may lead to pregnancy.

Reprinted from National Clearinghouse for Family Planning Information, Health Education Bulletin, July, 1979.

APPENDIX R

LECTURE: SYMPTOMS DURING PREGNANCY

I. Introduction: Responsibility for a Healthy Baby
   A. Mother
      1. Detect pregnancy
      2. Get prenatal care
      3. Follow prenatal instructions
   B. Father
      1. Emotional
      2. Financial

II. Signs and Symptoms of Pregnancy
   Physical
      1. Missed menstrual period
      2. Sleepier than usual
      3. Frequent urination
      4. Nausea and vomiting
      5. Breasts enlarged and tender, nipples darken

III. Importance of Early Care
   A. To manage genetic problems (Rh factor)
   B. To prepare for physical problems
      Small pelvic area
   C. To begin proper nutritional habits
      1. Correct diet
      2. Vitamin supplements

IV. The Initial Visit to Clinic or Physician
   A. Medical history
      1. Diseases of parents, grandparents and patient
      2. Personal health record (immunization, etc.)
      3. Menstrual history
   B. Examination procedures
      1. Weight
      2. Blood pressure
      3. Eyes, ears, nose, throat
      4. Heart and lungs
      5. Breasts
      6. Abdomen
      7. Pelvic examination and measurements

V. Minor Discomforts
- A. Nausea and vomiting
- B. Indigestion
- C. Constipation
- D. Hemorrhoids
- E. Muscle cramps
- F. Backache
- G. Varicose veins
- H. Vaginal discharge
- I. Skin changes (stretch marks)
- J. Dizziness

VI. Major Danger Signals
- A. Bleeding from the vagina
- B. Severe or continuing nausea or vomiting
- C. Continuing or severe headaches
- D. Swelling or puffiness of face or hands, feet or ankles
- E. Blurring of vision or spots before the eyes
- F. Marked decrease in amount of urine passed
- G. Pain or burning when urinating
- H. Chills and fever
- I. Sharp or continuous abdominal pain
- J. Sudden gush of water from the vagina before the baby is due
- K. Marked decrease in fetal movements

VII. Some Common Myths
- A. Never return to original weight
- B. Possible to predict boy or girl by position of baby
- C. Tooth for every child
- D. Wine for good blood
- E. Association of exercise and fetal strangulation
- F. Citrus fruits harmful
- G. Association of falls or blows to miscarriage
- H. Shocks and early labor
- I. "Marking" the baby
- J. Effects of milk and cheese (constipation)

VIII. Importance of Good Nutrition During Puberty and Pregnancy
- A. Growth needs for teenage mother
- B. Proper fetal development
  1. Intellectual development and protein
  2. Adequate birth weight

IX. Four Food Groups
- A. Meat
- B. Fruits and vegetables
- C. Cereals and bread
- D. Milk and dairy products

X. Function of Nutrients
   A. Protein - build and repair tissue
   B. Carbohydrate - energy
   C. Fat - concentrated energy source
   D. Vitamin - regulation of body processes
      1. A - eye
      2. B - nerves
      3. C - scurvy prevention
      4. D - ricket prevention, tissue healing
      5. K - blood clotting factor
   E. Minerals
      1. Calcium - muscle tone, strong bones and teeth
      2. Iron - prevention of anemia
   F. Water - necessary for all processes

XI. Substances that can harm the Fetus
   A. Alcohol
   B. Drugs
   C. Smoking

XII. Some Precautions
   A. Foods to avoid: concentrated sugars, fats and spices
   B. Extremely strenuous exercise or a new sport
   C. Extended travel without time to stretch

XIII. Awareness of Fetal Change
   A. First movement (quickening)
      1. Time - 4th - 5th month
      2. Report to physician first occurence noticed
      3. Report to physician if movement ceases for extended period
   B. Birth positioning (lightening)
      Time - approximately 4 weeks prior to delivery

# APPENDIX S

## BIRTH TERMS AND LECTURE: LABOR AND DELIVERY

### BIRTH TERMS

1. Abortion - removal of fertilized ovum from the uterus
2. Afterbirth - the placenta, given off after the delivery of the baby
3. Birth Canal - the vagina
4. Blastocyst - fertilized ovum in the early stages of cell division
5. Cesarean Birth - delivery of a child through surgical incision
6. Conception - the uniting of a sperm and ovum
7. Congenital - existing at birth, not really inherited
8. Embryo - unborn fetus in its early stage of development
9. Endometrium - the lining of the uterus
10. Episiotomy - incision in a woman's genital area to facilitate a birth
11. Estrogen - hormone producing female secondary sex characteristics
12. Fertilization - uniting of sperm and egg
13. Fraternal Twins - children developed from two separate ova and usually fertilized at the same time
14. Identical Twins - two offsprings developed from one fertilized ovum.
15. Implantation - imbedding of the fertilized ovum in the lining of the uterus
16. Lactation - producing of milk by the female
17. Ovulation - the giving off of an ovum by the ovaries
18. Ovum - egg
19. Oxytocin - hormones that cause the uterus to contract
20. Parturition - birth
21. Placenta - organ through which fetus is fed and waste products given off; the afterbirth
22. Postpartum - after childbirth
23. Pregnancy - the period from conception to birth
24. Prolactin - a hormone which stimulates milk production
25. Pseudocyesis - fake pregnancy
26. Trimester - a three month period of time
27. Tubal Pregnancy - fertilized egg implanting in a fallopian tube
28. Umbilical Cord - connects the fetus and the placenta

LECTURE: LABOR AND DELIVERY

I. Introduction
   The childbirth experience
   1. Positive experience - enhancement of bonding process
   2. Negative experience - detrimental to both mother and infant

II. Physiological Aspects of Labor Onset
   A. Mechanical factors
      1. Movement of fetal head against cervix
      2. Smooth muscle contractions
   B. Hormone factors
      1. Increase in estrogen
      2. Release of oxytocin in transition stage

III. Beginning Symptoms of Labor
   A. Mucous plug dislodges
   B. Rupture of the bag of waters
   C. Contractions (pains)
      Usually 15-20 minute intervals initially

IV. Three Stages of Labor
   A. First stage
      1. Dilation of cervix
      2. Duration: 8 - 24 hours
         Nullipara usually 16 hours
      3. Longest stage
   B. Second stage
      1. Passage through birth canal (vagina)
      2. Duration: 1 - 2 hours
         Nullipara usually 2 hours
      3. Umbilical cord cut after pulsation stops
   C. Third stage
      Afterbirth (expulsion of placenta)
         Occurence approximately 15 minutes after birth

V. Episiotomy
   Cutting of perineum to avoid tissue tear
      Performed second stage

VI. Fetal Birth Positions
   A. Normal
      Longitudinal births 96%
         Head first face down
   B. Abnormal
      1. Longitudinal breech (buttocks first)
         a. Frank - toes and shoulders touching
         b. Footling - one or both feet presenting first
         c. Full - cross legged (rarest in occurance)
      2. Transverse (shoulder first)

VII. Relieving Discomfort
- A. Purpose for drugs
  - 1. Quiet excitation (mental or physical)
    - a. Alleviate anxiety
    - b. Gain rest
    - c. Slow contractions
  - 2. Pain relief
  - 3. Amnesia
  - 4. Inhibit secretions
- B. Methods
  - 1. Psychic
    - a. Natural or prepared
    - b. Hypnosis
  - 2. Analgesic
  - 3. Anesthetic

VIII. Current Practices to Encourage Bonding and Infant Development
- A. Prepared childbirth
  - 1. Exercises practiced with the assistance of a support person aimed toward relaxation, pain reduction, and childbirth awareness
  - 2. Familiarization with hospital procedure
  - 3. Father as another support person is included in the birth process and bonding experience
  - 4. Mother awake during the birth process
  - 5. Frequent mother/infant contact during first hours after birth
- B. LeBoyer techniques
  - 1. Soft clothing
  - 2. Warm oil or water bath
  - 3. Low delivery room lights
  - 4. Gentle handling (no slap on buttocks)
- C. Breast feeding



*U.S. GOVERNMENT PRINTING OFFICE: 1980 628-011 1-3